MAY 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14296

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

File No. ..... Registered No. 3792

2. FULL NAME William Toulster.

(a) Residence, No. City Infirmary, St., 13 Ward.
(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katharine Toulster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1876	60	8 7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

FATHER

13. NAME Thomas Toulster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER

15. MAIDEN NAME Mary Manning.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT E. Molony,
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE 4-10 1937

19. UNDERTAKER Mitt Bros. & Mc
(ADDRESS) 2929 S. Jefferson Av.

20. FILED APR 9 1937 19 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1937.

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1937. 19 to April 9, 1937 19
I last saw him alive on April 9, 1937, 19 Death is said to have occurred on the date stated above, at 7:30 m. A.M.
The principal cause of death and related causes of importance were as follows:

PYELOCYSTITIS

Date of onset

Other contributory causes of importance:
LUES

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) 562 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD