

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City **St. Louis, Mo.** (No. **City Hospital #1**).....

File No. **21760**
Registered No. **5512**
St. Ward)

2. FULL NAME Philip Toalson

(a) Residence, No. **4443 Delmar** St., **19** Ward.
(Usual place of abode) (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 1st, 1912**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
24 8 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Painter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Columbia, Missouri**

13. NAME **Leslie Toalson**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Columbia, Missouri**

15. MAIDEN NAME **Vangie Thurston**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Columbia, Missouri**

17. INFORMANT **Ben Toalson** (ADDRESS) **Columbia, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Columbia, Mo.** DATE **June 3rd 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. **JUN 3 1937** 19 **J. J. Bedeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2nd 1937**

22. I HEREBY CERTIFY, That I attended deceased from **No attending** 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at **3:40 P.M.**

The principal cause of death and related causes of importance were as follows:

Fracture of Skull. Hemorrhage of Brain as a result of a scaffold on which he was working, falling in the 8th Church of Christ Scientist, located at Wydowne and Skinker Blvd. June 2, 1937, 9:30 A.M.
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Accident** Date of injury **June 2, 1937**
Where did injury occur? **Wydowne & Skinker, St. Louis** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Industry**
Manner of injury **Fell off scaffold**
Nature of injury **Fracture of Skull, Hemorrhage of brain**

24. Was disease or injury in any way related to occupation of deceased? **Yes**
If so, specify **Joseph M. Quinn** (Address) **Deputy Coroner**

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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[Handwritten signature/initials]

[Handwritten signature: Joseph M. Quinn]

