

REC'D MAR 24 1938

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

8106

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 338  
(c) City Clayton (d) Street No. 811 S. Meramac St. St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Eliza Jane Toler Toler 460  
(a) Residence, No. 811 S. Meramac St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854-3-7

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
83 10 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as 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) Missouri 6

FATHER 13. NAME William B. Poston,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A. 1

MOTHER 15. MAIDEN NAME Nancy C. Dalton, 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Grace Toler,  
811 S. Meramac St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Sunset Burial Park 2/24/38

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Ambruster,  
Clayton Rd. at Concordia Lane

20. FILED 2-23 1938 DR Meyer 1766 Manchester  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1938, to Feb. 22 1938

I last saw her alive on Feb. 22 1938 Death is said to have occurred on the date stated above, at 4:55 P. m.

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

Chronic myocarditis Date of onset Aug '37

Other contributory causes of importance: 932  
ac. nephritis  
Ch. Cholecystitis Aug '37

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination 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) DR Sterling, M. D.

**STATEMENT BY LICENSED EMBALMER**

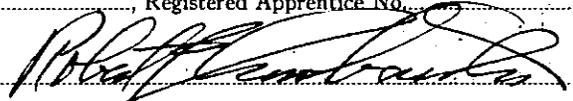
I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed



Licensed Embalmer No. 1994

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**