REC'D FEB 10 1939

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

791
1003

192
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 192
(c) City Saint Louis (d) Street No. Homer G. Phillips Hosp. 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 650 Garner Toran
(a) Residence, No. 3105 Franklin Avenue St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
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) February 22, 1889
7. AGE: YEARS 49 | MONTHS 10 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.
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) Robertsville Missouri

FATHER
13. NAME Richard Toran
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

MOTHER
15. MAIDEN NAME Mary Houston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

17. INFORMANT (ADDRESS) Eugene Toran 1303a N. Garrison Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 1/6/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107-09 Finney Avenue
20. FILED JAN 6, 1939 J. P. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 1st, 19 39
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 325 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Apoplexy

Other contributory causes of importance:

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

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) Joseph A. Zerman Deputy Coroner M.D.
(Address) 1300 Clark Avenue

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

James A. Johnson, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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

If this body is not embalmed, above space should be left blank.