

JUN

30 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23257

State File No.

Registrar's No. 1164

76
Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1314 Hawthorne Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1314 Hawthorne Place
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

In this community _____ years, months or days
3. (a) PRINT FULL NAME ANNA A. O'TOOLE
3. (b) If veteran, _____ name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH Month JUNE day 29
year 1939 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from JAN 1 1937 to JUNE 29 1939
that I last saw her alive on June 29 1939
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPH P. O'TOOLE 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased MARCH 21 1898
(Month) (Day) (Year)

Immediate cause of death Chronic parenchymatous nephritis
Due to Chronic Hypertension
Due to 1938
Other conditions (Include pregnancy within 3 months of death) 9/31

8. AGE: Years 41 Months 3 Days 8 If less than one day _____ hr. _____ min.

Physician 9/31
Underline the cause to which death should be charged statistically

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK
11. Industry or business OWN

MOTHER FATHER
12. Name John STACK
13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET STACK
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Joseph P. O'Toole
(b) Address 1314 Hawthorne Place

17. (a) BURIAL (b) Date thereof JULY 3/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Ave

19. (a) JUN 27 1939 (b) _____
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (Means of injury)
23. Signature J. H. Medler (M.D. or other) MD
Address 711 W. ... Date signed 6/30/39

B.C. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 5-17-39
U.S. G.P.O. 1 X 1931

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, or by.....

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

Signed.....

Joab Vollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette 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.