DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23571

REC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5844

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community St. Louis, Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County

(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 25

(d) Street No. 315 POPULAR (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME IDA TOAST 230

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race COL

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1 (Month) 22 (Day) 1874 (Year)

8. AGE: Years 65 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation LAUNDRESS

11. Industry or business

FATHER
12. Name WOODSON TOAST
13. Birthplace VIRINGIA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY RAY
15. Birthplace ST. CHARLES (City, town, or county) MO. (State or foreign country)

16. (a) Informant's own signature William Toast

(b) Address 315 POPULAR

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-1-39 (Month) (Day) (Year)

(c) Place: burial or cremation OAKDALE CEM

18. (a) Signature of funeral director Bennie Cove

(b) Address 3103 Washington Blvd

19. (a) JUL 1 1939 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1939 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis; Chronic Interstitial Nephritis;	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)

While at work? (e) Means of injury 4

23. Signature Joseph M. Queen (M. D. or other)

Address Deputy Coroner Date signed 6/28

(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, or by William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 214

P. O. Address .....

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

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