

SEP 14 1939
Registration District No. 791

Primary Registration District No. 1008

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: 4008 Loughborough
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 51 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4008 Loughborough Ave (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Herman Toenyes 520

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-05-1962

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecelia Toenyes 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 8, 1888 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50. 3. 4. hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Bush Diesel Engine Co.

12. Name Herman Toenyes

13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Rose Droechter

15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecelia Toenyes

(b) Address 4008 Loughborough Ave.

17. (a) Burial (b) Date thereof Aug. 14, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director W. B. Moyall

(b) Address 1926 Allen Ave.

19. (a) _____ (b) J. P. Brudick
(Registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1939 hour 6 A.M. minute _____ A.M.

21. I hereby certify that I attended the deceased from June 10th, 1939, to August 12th, 1939
that I last saw him alive on August 11th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Left Side of Face.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Francis D. Smith (M. D. or other) _____

Address 1319 So. Bdway. Date signed 8/12/39

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 5-17-39
FORM 1-10-39

AUG 12 1939

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 Benj. E. Duman

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.