

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4576  
1408  
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr. 6 mos. 10 days  
In this community 72 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis / 13  
(If outside city or town limits, write "RURAL")  
Street No. City Infirmary  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Christina Tons  
3. (b) If veteran, name war No  
3. (c) Social Security Number Unknown

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 10th.  
year 1940 hour 5:00 minute \_\_\_\_\_ a.m. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George Tons  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 8 1850  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1940 to Feb. 10, 1940  
that I last saw her alive on Feb 10, 1940  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
89 6 52 hr. min.

Immediate cause of death Chronic Myocarditis 7-39x  
Duration \_\_\_\_\_

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

Due to Arteriosclerosis 7-39x

10. Usual occupation Unknown

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown 13. Birthplace Unknown (City, town, or county) (State or foreign country)

Major findings: MI  
Of operations \_\_\_\_\_

MOTHER FATHER { 14. Maiden name Mrs. Meillehaue 15. Birthplace Missouri (City, town, or county) (State or foreign country)

Of autopsy No  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature L. Reggenstorf  
(b) Address \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) BURIAL (b) Date thereof FEB. 12th  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation FRIEDENS

While at work? (Specify type of place) (e) Month of injury \_\_\_\_\_

18. (a) Signature of funeral director KRAEGER-VOSS-FIX  
(b) Address 3402 N. Kingshighway

23. Signature W. Ganslow (M. D. or other)  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

19. (a) FEB 12 1940 (b) J. B. ...  
(Date received local registrar) (Signature)

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

Signed

*Albert W. Wapner*

Licensed Embalmer No. *1861*

P. O. Address: *4700 Washington*

**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.**