

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3974**

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 **3737 Cote Brilliante Ave,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Sarah Toomey, 500**
8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Michael J. Toomey** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **Aug. 26 1871**
(Month) (Day) (Year)

8. AGE: Years **68** Months **8** Days **6** If less than one day hr. _____ min. _____

9. Birthplace **Dixon Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Martin Berrigan**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name _____ 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Toomey**
(b) Address **3737 Cote Brilliante**

17. (a) **Burial** (b) Date thereof **5-4-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **MAY 3 1940** (b) **J. J. Brudbeck**
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** 11
(If outside city or town limits, write "RURAL")
(d) Street No. **3737 Cote Brilliante Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2**
year **1940** hour **5** minute **45** A.M.

21. I hereby certify that I attended the deceased from **Feb 18** 19**39** to **May 2** 19**40**
that I last saw her alive on **May 1** 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**

Due to _____
Due to _____

Other conditions **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Major findings: **no operation**
Of operations _____
Of autopsy **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **none**
(c) Where did injury occur? **none**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injury

While at work? **no injury** (Specify type of place)
(e) Means of Injury **none**

23. Signature **Dr. J. J. Brudbeck** (D) or other _____
Address **2743 1/2 Grand** Date signed **5-3-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Fred Trick

Licensed Embalmer No. 3186

P. O. Address St Louis, Mo

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.