DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 25 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30503

Primary Registration District No. 1003

Registrar's No. 7780

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community Oliver J. Tougas
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4138 Cleveland Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -50- years.

3. (a) PRINT FULL NAME Oliver J. Tougas

3. (b) If veteran, name war none

3. (c) Social Security No. 492-03-4799

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Amy

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 24 (Day) 1884 (Year)

8. AGE: Years 56 Months 6 Days 22 If less than one day hr. min.

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

10. Usual occupation Manufacturing Jewelery

11. Industry or business Eisenstadt Mfg. Co.

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

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Amy Tougas
(b) Address 4138 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 19, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Avenue

19. (a) SEP 18 1940 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th year 1940 hour four minute A. M.

21. I hereby certify that I attended the deceased from July 22, 1940 to Sept 16, 1940 that I last saw him alive on Sept 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer fundus of stomach	
Extending into pancreas	2
Due to Nodulitis of liver	
Thrombo phlebitis of left	
Due to leg up to Venacava	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy from 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

23. Signature Edmond Bonnot (M. D. or other)
Address 1504 So Grand Date signed 9-17-40

(Licensed Embalmer's Statement on Reverse Side)

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 X19511

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. Frank J. Owens

Licensed Embalmer No. 2245

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.