

0. 2.
12-40
7-39
X2319

JAN 15 1941 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10135

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Masonic Home of Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yr. 10 mo.
(Specify whether
In this community Same
years, months or days)

3. (a) PRINT FULL NAME William Hallock Todd

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth Grimes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 20, 1860
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name F. B. Todd

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

14. Maiden name Betty Eubank
(City, town, or county) (State or foreign country)

15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Rathe

(b) Address 5351 Delmar Blvd. St. Louis, Mo.

17. (a) Madison Mo (b) Date thereof 12-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Al Handberg

(b) Address 2153 Delmar

19. (a) _____ (b) J. W. Bredeek
(Date signed) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th.
year 1940. hour 12.05 minute P. M.

21. I hereby certify that I attended the deceased from February 18
18 1932, to Dec. 8th. 1940.
that I last saw him alive on Dec. 8, 40., 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis 5 days.

Due to _____

Due to Hypertension 2 yrs.

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. Bredeek (M. D. or other) _____

Address 508 N. Duane Blvd. Date signed 12/8-40

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

MOTHER FATHER

10135
10135

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 *Joseph E. McCulloh*

Licensed Embalmer No. *2460*

P. O. Address *6125 Fremont St. Denver*

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, fact should be so stated above.