No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 337
Registrar's No. 337

FEB 25 1941

Registration District No. 7911 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 5 Days (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DEASCED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Ferguson N1R6 2
(If outside city or town limits, write "RURAL")
(d) Street No. Rt #110
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 38 — 1 years.

3. (a) PRINT FULL NAME Gust Toney
3. (b) If veteran, name war non
3. (c) Social Security No. non
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years about 67 Months — Days — If less than one day hr. min.
9. Birthplace Greece (City, town, or county) (State or foreign country) G
10. Usual occupation Carpenter
11. Industry or business Retired
MOTHER FATHER
12. Name Toney
13. Birthplace Greece (City, town, or county) (State or foreign country) G
MOTHER
14. Maiden name unknown
15. Birthplace Greece (City, town, or county) (State or foreign country) G
16. (a) Informant G. Hodge
(b) Address Rt 10 Ferguson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation St Matthews
18. (a) Signature of funeral director Geo. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8. year 1941 hour 11:05 minute A.M.
21. I hereby certify that I attended the deceased from December 3, 1940, to January 8, 1941; that I last saw him alive on January 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertrophied Prostate	
Due to Splenic Abscess	
Due to B Coli Blood Stream Infection	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation Hypertrophied Prostate	
Of autopsy as above	

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 G. J. McDonald (M. D.)
Address 1505 Lafayette Ave. Date signed 1/8/41

(Licensed Embalmer's Statement on Reverse Side)

not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.