

Registration District No. 7820

Primary Registration District No. 117

Registrar's No. 123

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural Edgar Rd near Highway #66
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 96
 (c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL") 7
 (d) Street No. 611 Delac Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME

Loy A Toliver POLIVERY

(b) If veteran, name war _____

(c) Social Security No. 488-12-8480

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Selma Toliver

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Mar. 30 - 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 19 If less than one day _____
hr. min.

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

10. Usual occupation Filling Sta attendant

11. Industry or business Gasoline

12. Name Toliver

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

14. Maiden name Unknown

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

16. (a) Informant Selma Toliver

17. (a) Burial (b) Date thereof 1-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (e) Signature of funeral director S. H. Bopp Undertaker

(b) Address Kirkwood Mo

19. (a) JAN 19 1941 (b) R. Meyer M.D. P.H.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
 year 1941 hour about 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally burned to death in middle of Edgar Rd. alongside his own automobile 1/18/41
 Due to Entire body totally burned.

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
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) Accident 01
 (b) Date of occurrence Jan. 18, 1941
 (c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place) (e) Means of injury

While at work? _____ (e) Means of injury _____

23. Signature Louis H Bopp coroner (M. D. or other) _____
 Address Kirkwood, Mo. 1/18/41 Date signed _____

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

2600

2 X21492

17001
210

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 Raeann Stopp

Licensed Embalmer No. 3042

P. O. Address Clayton

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4371

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 123

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Loy S. Goliver

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 19 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-19-41 (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH _____ month _____ day
_____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death accidentally
burned to death from
middle of Edgar rd.
along side his own
automobile
Due to entire body totally burned

Other conditions (Include pregnancy within 3 months of death)
cause of fire unknown
Major findings: _____
Of operations: _____

Of autopsy: _____
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) acc

(b) Date of occurrence 1-18-1941

(c) Where did injury occur? at four corners
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Louis H. B. Garner (M. D. or other)

Address Kirkwood, Mo. Date signed _____

SUPPLEMENTARY

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

dit

73

Boyer

From Highway report - 7-14-41
Car caught fire while decedent
was driving along road -