

No. 2
1-10-39
17-39
X21492

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12704
State File No.
3134
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

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:
Little Sisters Of The Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME James F O'Toole

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Sept 24th. 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Boilermaker

11. Industry or business Unemployed

12. Name John O'Toole

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

14. Maiden name Jane Fay

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Helen Allen

(b) Address 4406 McPherso Ave

17. (a) Burial (b) Date thereof 4/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral home Harrigan & Sheehan Und Co

(b) Address 4415 Washington Blvd

19. (a) APR 10 1941 (b) J F Brudek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 19
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3639A Bamberger Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th.
year 1941 hour 10:00 Minute M.

21. I hereby certify that I attended the deceased from April 2, 1941 to April 7, 1941
that I last saw him alive on April 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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)
(a) _____ Injury _____

23. Signature Anthony G. Przekoracki (M. D. or other)
Address 1525 W. Cass Ave Date signed 4/9/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Mr. Richardson
1525 E. 10th St.
10-11 a.m.

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 Homer W. Fritz
Licensed Embalmer No. 3882

P. O. Address _____

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.