No. 2
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5-17-39
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FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16430

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3948

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

08
17
9

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hosp

(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

(c) City or town N. R. (If outside city or town limits, write "RURAL")

(d) Street No. 6755 Schofield Pl. (If rural, give location)

(e) If foreign born, how long in U. S. A.? Welston 1 years.

3. (a) PRINT FULL NAME Dennis Doyle Tooke

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male D

5. Color or race Wh

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 7 (Day) 1941 (Year)

8. AGE: Years — Months — Days 1 If less than one day 6 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Doyle Tooke

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

14. Maiden name Helen Thornton

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

16. (a) Informant Doyle Tooke

(b) Address 6755 Schofield Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Chas L. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 9 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from May 7-41, 19__, to May 8, 1941, that I last saw him alive on May 7, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congenital Heart Disease	Birth
Aortic Stenosis with fetal	
Due to endocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See attached report.	

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 O

23. Signature E. J. Javaux (M. D. ~~or other~~)

Address 607 N Hand Blvd Date signed 5-9-41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

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