

No. 2
1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28090**

FILED SEP 10 1941

Registration District No. **213**

Primary Registration District No. **3014**

Registrar's No. **221**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 Mulberry Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 65 Years ! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole **026**
(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 503 Mulberry
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes name country.....

3. (a) PRINT FULL NAME JOHN HENRY TOEBBEN SR.

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 25, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>4</u>	<u>6</u>hr.min.

9. Birthplace Germany **4**
(City, town, or county) (State or foreign country)

10. Usual occupation Sexton (Retired)
11. Industry or business St. Peter's Church

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Toebben Jr.
(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 8/4/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director J. F. Hamilton
(b) Address Jefferson City, Mo.

19. (a) 2-4-41 (b) D. J. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1941 hour 7 minute 20P M.

21. I hereby certify that I attended the deceased from 1938 to July 31, 1941
that I last saw him alive on 7/31/41, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration

Due to Hy pertension
Arterio-Sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) **43A**

Major findings: Of operations none

Of autopsy none
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) (c) Means of injury.....

23. Signature W. H. Rambo (M. D. or other) **11**
Address 234 Madison St Date signed 8/2/41

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

NOV 27 1945

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.....

Sylvester Dulle, Registered Apprentice No. *292*
working under my personal supervision.

Signed *John F. Heinke*
Licensed Embalmer No. *3655*
P. O. Address *Jefferson City, Mo*

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

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