S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5051

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1537

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: St. Luke's Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: N.R.

(c) City or town: Nameoki (If outside city or town limits, write "RURAL")

(d) Street No.: 2153 Pontoon Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Katherine Tolton

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: James Tolton

6. (c) Age of husband or wife if alive: 43 years

7. Birth date of deceased: May (Month) 21st (Day) 1900 (Year)

8. AGE: Years 41 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Matthew Wilhelm

13. Birthplace: Austria Hungary (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Elizabeth Bernhardt

15. Birthplace: Austria Hungary (City, town, or county) (State or foreign country)

16. (a) Informant: James Tolton

(b) Address: 2153 Pontoon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-21-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Sunset Burial Park

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway Blvd.

19. (a) (Date received by registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1942 hour 8 minute 28 M.

21. I hereby certify that I attended the deceased from Feb. 14 1942 to Feb. 18 1942 that I last saw him alive on Feb. 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction-Acute — Duration 5 da.

Due to: Adhesions-

Due to:

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

Major findings: Of operation: Intestinal Obstruction-Small Terminal Ileum

Of autopsy:

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: Omar R. Seyer (M. D. or other) M.D.

Address: 4957 Maryland St. Louis Date signed: 7/18/42

(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 Edwin D McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.