

FILED APR 13 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
2905a Kossuth Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None /
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2905a Kossuth Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert L. Toenges

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lily 6. (c) Age of husband or wife if K. Toenges nee Koetter 49 years
7. Birth date of deceased. May 5, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 19 hr. min.

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

10. Usual occupation Draftsman

11. Industry or business

MOTHER FATHER { 12. Name Willaim Toenges
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Stockmeyer
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lily K. Toenges
(b) Address 2905a Kossuth Ave

17. (a) Burial (b) Date thereof. 3/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) MAR 26 1942 (b) J. F. Gredet
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1942 hour 6:30 AM minute

21. I hereby certify that I attended the deceased from Jan 1
1942 to March 25 19 42
that I last saw him alive on March 23 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation

Due to

Due to

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

Major findings:
Of operations 920
Of autopsy

Duration

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) (Specify nature of injury)
23. Signature Arthur P. Shaffer (M. D. or other)

Address 4142 N Grand Date signed 3/27/42

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

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17
9

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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.....

Francis A. Williamson

Licensed Embalmer No.....

3565

P. O. Address.....

St. Louis Mo.

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.