

FILED OCT 1 1942

Registration District No. **318**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Paul's**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 weeks**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4503 Washington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **20**
year **1942** hour **5 PM** minute **A. M.**

21. I hereby certify that I attended the deceased from **Sept 20th** 1942, to **Sept 20** 1942
that I last saw her alive on **Sept 19** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma** **Duration**
left breast (metastases **about**
to liver & axilla) **7 years**

Due to **50**

Other conditions
(Include pregnancy within 3 months of death)

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature **E. J. Javaux** (M. D. or other)
Address **607 N. Grand Blvd** Date signed **9-21-42**

3. (a) PRINT FULL NAME

KATHRYN TOOMBS

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **S. D.**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased **Sept 1st 1878**
(Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **20** If less than one day
hr. min.

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

10. Usual occupation **House work**

11. Industry or business

12. Name **Daniel Toombs**

13. Birthplace **London Eng**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hannan**

15. Birthplace **County Mayo Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs F. M. Graff**

(b) Address **3832 De Touhy**

17. (a) **Burial** (b) Date thereof **9 22 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crem**
Edith E. Umbrecht

18. (a) Signature of funeral director

(b) Address **4053 Kundell**

19. (a) **SEP 21 1942** (b) **J. F. Zudeck**
(Date received local registrar) (Registrar's signature)

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

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Harold F. Parola

Licensed Embalmer No. *3114*

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.