

FILED FEB 1 1943
Registration District No. 818

Primary Registration District No. 1003

State File No. _____
Registrar's No. 660

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

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:
1444 Hadley
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
Per Route City Hosp #1 (Specify whether
 In Community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1444 Hadley
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
No attending Physician 0

000
13
7 25

3. (a) PRINT FULL NAME Julia O'Toole, also known as Toole

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Jan day 19
year 1943 hour 9 minute P M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widow
 6. (b) Name of husband or wife..... William
 6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

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

8. AGE: Years Months Days If less than one day
about-70 hr. min.

Immediate cause of death.....

Generalized Arteriosclerosis
Senility
97

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housework

11. Industry or business.....

PHYSICIAN

12. Name Lawrence Callan
 13. Birthplace Ireland (City, town, or county) (State or foreign country)
 14. Maiden name Julia Monney
 15. Birthplace Ireland. (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Zeta Hammond
(b) Address 1444 Hadley.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Jan. 25, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(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?

(c) Place: burial or cremation Calvary Cemetery

(Specify type of place) While at work? No Means of injury Ne

18. (a) Signature of funeral director Thomas F. Callahan
(b) Address 1431 Union Blvd.

23. Signature Thomas F. Callahan Date signed 1-22-43

19. (a) JAN 22 1943 (b) J. F. Bridick
(Date received local registry) (Registrar's signature)

Address Sperty Date signed 1-22-43

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.....

John Ketter

Licensed Embalmer No. **3880**

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.