

**FILED JAN 26 1943**  
Registration District No. **2348**

Primary Registration District No. **1003**

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

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:  
**City Hospital #1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **4611 S. 38th St.**  
(If outside city or town limits, write "RURAL.")

(d) Street No. **St. Louis**  
(If rural, give location)

(e) Citizen of foreign country?.....  
If yes, name country..... (Yes or No)

3. (a) PRINT FULL NAME **William A. Toel**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **No.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15**  
year **1943** hour **3.45** minute **P.** M.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mary Toel**

6. (c) Age of husband or wife if alive **73** years

7. Birth date of deceased **April 13 1868**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**74** **9** **2** ..hr. ..min.

Immediate cause of death  
**Coronary Occlusion  
Arteriosclerosis**

9. Birthplace **Sterling Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Photographer**

Due to.....

Due to.....

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

MOTHER FATHER

11. Industry or business.....

12. Name **John Toel**

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

14. Maiden name **Anna Kimmel**

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Mollie Gidney**

(b) Address **3501 Victor St.**

17. (a) **Burial** (b) Date thereof **1/19/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter-Paul**

18. (a) Signature of funeral director **John M. ...**

(b) Address **3013 Meramec**

19. (a) **JAN 18 1943** **J. F. Brudeck**  
(Date received local Registrar) (Registrar's signature)

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 **Thomas F. Callahan** (M. D. or other)  
Address **Deputy Coroner** Date signed **1/18-43**

*Carroll*

**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 George N. Archambault, Registered Apprentice No. XXXXXXXX working under my personal supervision.

Signed *George N. Archambault*  
Licensed Embalmer No. 2906  
P. O. Address 3013 Meramec St.

**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.**