No. 2
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4865

FILED FEB 18 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1326

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:
Little Flower Retreat House 2500 S. 18th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo. (Specify whether
In this community Sixty Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")
(d) Street No. 2500 South 18th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mary Anna Toomey

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 2 widowed

6. (b) Name of husband or wife Patrick Joseph Toomey

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

7. Birth date of deceased December 21, 1860 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Iowa City (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name William Vogt

13. Birthplace Duesseldorf (City, town, or county) Germany 4 (State or foreign country)

MOTHER

14. Maiden name Mary O'Connor

15. Birthplace County Kerry (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Ella Fahy
(b) Address 4909 St. Louis Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 11 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J Nunan
(b) Address 1519 S. Grand Blvd.

19. (a) ~~FEB 8 1943~~ J. F. Bredeck
(Date received local registrar) (Registrar's signature)

FEB 10 1943

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day February
year 1943 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from about November 1942 to January 8th 1943
that I last saw her alive on January 8th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocardial Disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Paul B. Webb (M. D. or other) M.D.
Address 1920 Sidney Date signed 2/9/43

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

Wm J Hirano, Registered Apprentice No.

working under my personal supervision.

Signed Wm J Hirano

Licensed Embalmer No. 4219

P. O. Address 4355 Wesley

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.