

S. No. 2
OM-5-42
5-17-39
X32875

8861

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 30 1943 18
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 2651

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:
4947 Alcott 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 Unknown (Specify whether)
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. 4947 Alcott Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles P. Tooley
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18th
year 1943 hour 12:25 AM minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura C. Tooley nee Meyers 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 21, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 16
1943 to March 18, 1943;
that I last saw him alive on Mar. 17, 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>27</u>	hr. min.

Immediate cause of death _____
apoplexy
general hypertension
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Glasgow Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Proof reader Retired

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name John Blue Tooley
13. Birthplace Glasgow Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Susan May Henderson
15. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)

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)
(e) Means of injury _____

16. (a) Informant Mrs Laura C. Tooley
(b) Address 4947 Alcott Ave
17. (a) Cremation (b) Date thereof 3/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MEB (b) J. F. Bredenk
(Date received local registrar's) (Registrar's signature)

23. Signature R.R. Newm (M. D. or other) MH
Address 5-330 Geraldine Date signed 3/19/43

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

MOTHER FATHER

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.