

V. S. No. 2
50M-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10036

State File No. _____

FILED APR 14 1943

Registration District No. 77

Primary Registration District No. 5303

Registrar's No. 60

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Park Heights Rt. 2-1
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ 8 days
years, months or days)

3. (a) PRINT FULL NAME Charles Robert Toebben

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

4. Sex Male 5. Color or race Wh 6. (a) Single, widow, divorced, married Divorced

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

7. Birth date of deceased March 9 1943
(Month) (Day) (Year)

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

9. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Child

MOTHER FATHER { 11. Industry or business _____
12. Name Leo Toebben
13. Birthplace Cole County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Lee Schreiber
15. Birthplace Windsor O Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Toebben

(b) Address West Park Heights Rt. 2-1

17. (a) Burial (b) Date thereof 3-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director James Lewis

(b) Address 700 Jefferson

19. (a) 3-18-43 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. West Park Heights
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
year 1943 hour 4 minute 45 A.M.

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

Immediate cause of death Stasis lymphaticus
Due to enlarged Thyroid
Due to _____

Other conditions (Include pregnancy within 3 months of death) 64

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature [Signature] (M. D. or other)
Address Jefferson City Mo. Date signed 3-17-43

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

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 *F. H. Anderson*
Licensed Embalmer No. *3641*
P. O. Address *Juno*

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.