

FILED JUN 4 1943 318

4629

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL 0
(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

3. (a) PRINT FULL NAME PAUL TOTH
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Elizabeth Toth 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased January 11, 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>4</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Unknown Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Retail Grocery Co

MOTHER FATHER { 12. Name Paul Toth Sr.
 13. Birthplace Unknown Austria 4
(City, town, or county) (State or foreign country)
 14. Maiden name Anna Kermenda
 15. Birthplace Unknown Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Toth
 (b) Address Christopher, Illinois
 17. (a) Removal (b) Date thereof 5/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christopher, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc
 (b) Address 4800 Washington Blvd.

19. (a) MAY 18 1943 J. F. Bredet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Illinois (b) County Franklin
 (c) City or town Buckner NR
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
 year 1943 hour 10:20 minute A. M.

21. I hereby certify that I attended the deceased from MAY 8, 1943 to MAY 17, 1943;
 that I last saw him alive on MAY 17, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, primary site unknown

Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____
(Specify type of place)
 (e) Means of injury _____

23. Signature M. C. Abney 0 (M. D. _____)
BARNES HOSPITAL
 Address _____ Date signed 5/17/43

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

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..... *W. W. Wilkinson*.....

Licensed Embalmer No..... *3575*.....

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.