V. S. No. 2
00M—2-43
Rev. 5-17-3
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27133

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7634

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: 309 Lafayette Ave. / (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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 923 (If outside city or town limits, write "RURAL")

(d) Street No. 309 Lafayette (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Marion Tolin

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race 0 Wht.

6. (a) Single, widowed, married, divorced 2 Wid.

6. (b) Name of husband or wife Mary Margaret Tolin

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

7. Birth date of deceased Feb. (Month) 7 (Day) 1862 (Year)

8. AGE: Years 81 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Waterloo (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Marion Tolin
13. Birthplace Waterloo (City, town, or county) Ill. / (State or foreign country)

MOTHER
14. Maiden name Anna Hanley
15. Birthplace Waterloo (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant William J. Tolin

(b) Address 309 Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/43 (Month) (Day) (Year)

(c) Place: burial or cremation Waterloo Ill.

18. (a) Signature of funeral director Wm. C. Mordell

(b) Address 1926 Allen Ave.

19. (a) AUG 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1943 hour 4 minute 25 A. M.

21. I hereby certify that I attended the deceased from Aug 16 43, 1943 to Aug 24, 1943 that I last saw him alive on Aug 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid Colon & Rectum

Due to Primary in Sigmoid

Due to

Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no. –

(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 W. John J. Canepa M.D. (M.D. or other)

Address 2105 S. Broadway Date signed 8/24/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 5 1950

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 me

..... Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen Ave

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.