

V. S. No. 2
100M-2-43
Rev. 5-17-39
I X3557

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **30763**
7912
Registrar's No.

ED SEP 17 1943
Registration District No. **1318**

Primary Registration District No.

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

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:
En Route to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Irwin Bernard O'Toole

3. (b) If veteran, name war. ~~XXXXXXXX~~

3. (c) Social Security 707-18-3999

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jeanette O'Toole

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 27 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	2	85	hr. _____ min.

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

10. Usual occupation Switchman

11. Industry or business Missouri-Pacific R.R.

12. Name Gregory O'Toole

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Wilson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jeanette O'Toole

(b) Address 5415 S. Kingshi hway

17. (a) Burial Calvary Cemetery
(Burial, cremation, or removal)

(b) Date thereof Sept 4 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) SEP 3 1943 **(b) J.F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 036

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

(d) Street No. 5415 S. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day September
year 1943 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Exanguination from badle mangled Body when he lost his hold on a grip bar and slipped under the Diesel Engine he was working on said Engine being manned by Elbert Lach Fireman and Ike Clark Engineer

on the Missouri Pacific tracks and Robert Avenue about 12:15 o'clock A.M. September 2, 1943

PHYSICIAN

Other conditions _____

Accident

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) Accident

(b) Date of occurrence September 2 1943

(c) Where did injury occur? St. Louis Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Missouri-Pacific Right of Way

While at work? Yes (Specify type of place)
Means of injury Crushed

23. Signature Thomas J. Callender (M. D. or other)
Address Deputy Jones Date signed 9-3-43

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.....

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

working under my personal supervision.

Signed Francis J. Quinn

Licensed Embalmer No. 5245

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.