

LED DEC 29 1943

Registration District No. **278**

Primary Registration District No. _____

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:
Jewish Orthodox Old Folks Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **53 yrs**
years, months or days

3. (a) PRINT FULL NAME **William Toube**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **February 16 1847**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 10 1 hr. min.

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

10. Usual occupation **Hawker**

11. Industry or business _____

MOTHER FATHER { 12. Name **(unknown)**
13. Birthplace **"**
(City, town, or county) (State or foreign country)
14. Maiden name **"**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jewish Orthodox Old Folks Home**

(b) Address **1438 East Grand Avenue**

17. (a) **burial** (b) Date thereof **12/19/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Mt. Sinai**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **DEC 19 1943** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1438 East Grand Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17**
year **1943** hour **5** minute **05 P.M.**

21. I hereby certify that I attended the deceased from **Oct 20**
19**43** to **Dec 17**, 19**43**
that I last saw him alive on **Dec 17**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Lymphosarcoma** **2 yrs.**

Due to _____
Due to **55**

Other conditions **Gen. Arteriosclerosis** **years.**
(Include pregnancy within 3 months of death)

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 **W. R. Rindke** (M. D. or other) **MD**
Address **505 N. Grand** Date signed **12/16/43**

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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 .....

Licensed Embalmer No..... 1597

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.