

S. No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3581  
Registrar's No. 1364

Registration District No. 318 Primary Registration District No. 1003

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:  
3958a Palm Str. /  
(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:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3958a Palm Str  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Daniel B. O'Toole  
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 Nora C. O'Toole 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased Nov. 1. 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 9  
year 1944 hour 1 minute 50 P. M.  
21. I hereby certify that I attended the deceased from Oct. 20, 1943, to Dec. 24, 1944  
that I last saw him alive on Dec 24, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 3 8 hr. min.

Immediate cause of death Myocarditis  
Duration 37.00  
Due to  
Due to  
Other conditions: asthma  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Clerk

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name John O'Toole  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora O'Toole  
(b) Address 3958a Palm Str.  
17. (a) Burial (b) Date thereof (Month) (Day) (Year)  
(Burial, cremation, or removal) Calvary  
(c) Place: burial or cremation  
18. (a) Signature of funeral director  
(b) Address 2117 E. Grand Blvd.  
19. (a) FEB 11 1944 (Date received from registrar) J. F. Bredek (Registrar's signature)

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. D. or other) Date signed

**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**