

Registration District No. **3**

Primary Registration District No. **6076**

Registrar's No. **1192**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Berkeley**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Airport Rd. At Garfield Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **Berkeley**
(If outside city or town limits, write "RURAL")

(d) Street No. **Airport Rd. At Garfield Ave**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Frank Touhey**

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

4. Sex **M** 5. Color or race **W** 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 **December 12, 1870.**
(Month) (Day) (Year)

8. AGE: Years **73** Months **5** Days **14** If less than one day hr. _____ min. _____

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

10. Usual occupation **Farming**

11. Industry or business **Agriculture**

MOTHER FATHER { 12. Name **John Touhey**

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

14. Maiden name **Mary Hanley**

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

16. (a) Informant **Marie Touhey**
(b) Address **Berkeley, Missouri.**

17. (a) **Burial** (b) Date thereof **5/29/44.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Ferdinand Cem**

18. (a) Signature of funeral director **J. M. White**
(b) Address **Ferguson, Missouri.**

19. (a) **MAY 29 1944** (b) **E. J. Mc Laren, Jr.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **26** day **May** year **1944** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **5-10-** 19**44** to **5-26-** 19**44**
that I last saw him alive on **5-26-** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocarditis 1935
Chronic nephritis 1934
Arteriosclerosis 1930

Due to _____

Due to _____

Other conditions: **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none** 1931

Of autopsy **none**

Duration

1935

1934

1930

PHYSICIAN

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) **L**

(b) Date of occurrence _____

(c) Where did injury occur? **L**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
L

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

23. Signature **Ray Johnson** (M. D. or other)
Address **Ferguson 7146** Date signed **5/26/44**

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 L. M. Shultz

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.