

FILED JUN 19 1944

5196

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Bros. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community 0 years, months or days) (Specify whether

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") 17
 (d) Street No. 1944 Semple (If rural, give location) 69
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country

3. (a) PRINT FULL NAME Thomas O'Toole

3. (b) If veteran, name war None
 3. (c) Social Security No. 492-07-3997

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased April 28, 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 7 hr. min.

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

10. Usual occupation Life Insurance Agent

11. Industry or business John Hancock Mutual Life Ins.

MOTHER FATHER { 12. Name William O'Toole
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Hanora Prendergast
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary O'Toole

(b) Address 1944 Semple

17. (a) Burial (Burial, cremation, or reinterment) (b) Date thereof 6-9-44
 (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Robert J. ... (Specify type of place)

(b) Address ... (c) Means of injury

19. (a) JUN 7 1944 (Date received local registrar) (b) C. Preder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
 year 1944 hour 9:15 minute P.M.

21. I hereby certify that I attended the deceased from 6-4 1944 to 6-5 1944
 that I last saw him alive on 6-5 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 4 days
 Due to Diabetic neuritis & bedridden. 31 days
 Due to

Other conditions none
 (Include pregnancy within 5 months of death)

PHYSICIAN
 Major findings: none
 Of operations
 Of autopsy none
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none

(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?

23. Signature J. H. ... (M. D. or other)

Address 634 N. Grand Date signed 6/6/44

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.....

John Agnoski
.....

Licensed Embalmer No. **3398**

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.