

FILED OCT 20 1944 818

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

8534

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:  
Park Lane Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Fannie B. Toelle

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Frank W. Toelle 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased December 29, 1864  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 6 If less than one day  
hr. min.

9. Birthplace St. Louis County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Obediah Denness  
13. Birthplace Unknown England  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Crouch  
15. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Paul Toelle  
(b) Address 1039a Theobald Ave  
17. (a) Burial (b) Date thereof 10/7/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) OCT 6 (b) 1944 J. F. Braddock  
(Date received by Registrar) (Year) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1039a Theobald Ave  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th  
year 1944 hour 9:45 minute AM M.

21. I hereby certify that I attended the deceased from Oct 5 to Oct 5, 1944,  
that I last saw her alive on Oct 5, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Sclerosis (Plaque)  
Due to Arteriosclerosis

Due to Arteriosclerosis  
Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations S. J. I.  
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. A. Knight (M. D. or other) \_\_\_\_\_  
Address 8201 N. Broadway Date signed 10/6/44  
St Louis Mo

Duration 5 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 *Welford G Burnley*

Licensed Embalmer No. *4202*

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.**