S. No. 2
M—8-43
v. 5-17-39
I X37823

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 19 1945

State File No. 35939

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9704

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4208 Walsh
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Louise Toenges

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Toenges

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased September (Month) 7, (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	1	30	hr. min.

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

10. Usual occupation At Home

11. Industry or business ---

FATHER
12. Name Mr. John Bremer
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Schubert
15. Birthplace (City, town, or county) U.S. (State or foreign country)

16. (a) Informant Herbert Toenges
(b) Address 6132 Newport

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 9 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month November day 6, year 1945 hour 6: minute 42 P. M.

21. I hereby certify that I attended the deceased from 6/29/45, 19__, to 11/6, 1945 that I last saw her alive on 11/6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions Chr. arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Otto C. Hanser MD (M. D. or other)

Address 3157 Park av Date signed 11/7/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. C. Hanser
3157a Park

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.**