

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9901

State File No. _____

Registration District No. 160

Primary Registration District No. 5594

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: Fear House Springs Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 88 days 1 (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 500

(c) City or town Rural Meramec
(If outside city or town limits, write "RURAL")

(d) Street No. Meramec Township Near Home Springs
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CORNELIUS TOY

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Mar day 3rd
year 1946 hour 6 minute 10 M.

21. I hereby certify that I attended the deceased from July 3rd Mar 46 1946 to 12th Mar 46 1946
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife KATY TOY (SCHUCKEY)

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased OCTOBER 15 1857
(Month) (Day) (Year)

Immediate cause of death Chronic Valvular Heart Disease

Duration _____

8. AGE: Years 88 Months 4 Days 19
If less than one day hr. _____ min. _____

Due to Arterio Sclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace HIGH RIDGE Mo
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM

12. Name WILLIAM TOY

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name MARY DULIN

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant William H Toy

(b) Address House Springs Mo

17. (a) BURIAL (b) Date thereof 3-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin's High Ridge Mo

18. (a) Signature of funeral director John H. Brennan

(b) Address House Springs Mo

19. (a) March 6 1946 (b) Mrs. J. S. Buckelo
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy none

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 cause) _____
While at work (e) Means of injury _____

23. Signature James A. Bourne (M.D. or other) _____
Address House Springs Mo Date signed 3/6/46

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

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 4-5-46

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

Signed *Wm. A. Brimmer*

Licensed Embalmer No. 1470

P. O. Address *Levitt Springs, 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.