No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10822

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 639

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/4/46 (Specify whether
In this community 41 Years
years, months or days)

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. 5359 Minerva Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME TOOLEY, Sherman
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gladys I. Tooley
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased: July (Month) 21 (Day) 1894 (Year)
8. AGE: Years 51 Months 7 Days 21 If less than one day hr. min.
9. Birthplace Kalamazoo, Michigan (City, town, or county) (State or foreign country)
10. Usual occupation Printer
11. Industry or business
MOTHER FATHER
12. Name William Tooley
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Sarrah Harris
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk Vet.Adm.Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/18-46 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.
18. (a) Signature of funeral director Alexander & Sons Fun.
(b) Address Directors, St. Louis, Missouri
19. (a) 3-18-46 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1946 hour 6:15 minute P M.
21. I hereby certify that I attended the deceased from 3/4/46, 19..., to 3/14/46, 19..., that I last saw him alive on March 14, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death APPENDICITIS ACUTE GANGRENOUS WITH PERFORATION	UNK
Due to	
Due to	
Other conditions (Include pregnancy within one year of death) ABSCESSES OF THE LIVER ICTERUS SEVERE Multiple	UNK
Major findings: Of operations No Operation	
Of autopsy Autopsy performed See cause of death	

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) No
(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 place of injury)
23. Signature L. E. Stilwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff Brks., Mo Date signed 3/15/46

(Licensed Embalmer's Statement on Reverse Side)

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

9734

MAR 29 1946

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. Jos. E. McCullah

Licensed Embalmer No. 9460

P. O. Address 6178 Delmar

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.