

No. 2
OM-5-43
v. 5-17-39
I X36671

FILED APR 17 1946
318

State File No. _____
Registrar's No. 3070

Registration District No. _____ Primary Registration District No. 1003

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 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL") 117
 (d) Street No. 515 Poepping St.
(If rural, give location) 9
5
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Caroline Toenges

3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
 year 1946 hour 5 minute 20 A.M.

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 May 7 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18th 1946 to April 1st 1946
 that I last saw him alive on March 31st 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76	10	24	hr. min.
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Immediate cause of death. Acute Coronary Thrombosis 1 Hour

Due to _____

Due to _____

9. Birthplace Affton Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Other conditions Amputation Rt. Leg (2/27/46) 4 days
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name of father Unknown Heidemreich

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings: Severe Arteriosclerosis

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Louis Toenges

(b) Address 515 Poepping St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3, 46
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

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? _____

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) APP 2 1946 (Date received local registration) J. F. Bredenk (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 0

23. Signature CE Stindel (M. D. or other) 17.9

Address 3651 Grandel Sq. Date signed 4/1/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
14166

3651
2-7-4
Joe 4430
Sunderland

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.