

FILED APR 18 1946

318

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registrar's No. 3209

Registration District No. _____

Primary Registration District No. _____

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

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 City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mos 3 das.
In this community 26 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County o.s.c.
(c) City or town St. Louis 22 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2800 Walnut 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN TOLES

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

4. Sex Male 2 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 23 If less than one day hr. _____ min. _____

9. Birthplace not known Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
Purina Mills

11. Industry or business _____

12. Name John Wesley Toles

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

14. Maiden name Jane ? Toles

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

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof April 10 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director F. C. Green
(b) Address 7915 Franklin Ave
19. (a) APR 7 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
year 1946 hour 1:00 minute A M.

21. I hereby certify that I attended the deceased from April 1 1946 to April 3 1946
that I last saw him alive on April 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Lobar Pneumonia 12 das
Cardiac Decompensation 1945x

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____
Of autopsy No.

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 0

23. Signature Thomas M. Moorman MD
Address 5400 Arsenal Date signed 4/3/46

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. A. Sheen

Licensed Embalmer No.....

2963

P. O. Address.....

2915 Franklin

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.