

FILED JUL 20 1946

Registration District No.

Primary Registration District No.

Registrar's No. **6308**

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:
4605 N. Market
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution.....
In this community 16 years
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Samuel Toomer
SAMUEL TOOMER

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 Erthalynne

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct. 15 1901
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>8</u>	<u>29</u>	hr. min.

9. Birthplace Macon Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business --

MOTHER FATHER

12. Name Dubb Toomer 9

13. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

14. Maiden name Jennie unknown

15. Birthplace Unavailable 9
(City, town, or county) (State or foreign country)

16. (a) Informant Erthalynne Toomer

(b) Address 4605 N. Market

17. (a) Burial (b) Date thereof 7-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) JUL 17 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 4605 N. Market
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 14th
year 1946 hour 1 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept. 19th 1945 to July 14, 1946,
that I last saw him alive on July 14, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of stomach, liver-metastasis

Duration 1 1/2

Due to.....

Due to.....

Other conditions Uremic coma five days
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy clinical

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?.....

While at work..... (Specify type of place)
Means of injury.....

23. Signature J. D. Johnson (M. D. or other) MD
Address 3100 Lucas Ave. Date signed 7/16/46

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

3001

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Ave.

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.