S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1946

State File No. 32285

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8183

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: JEWISH HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Weeks (Specify whether

In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 6

(c) City or town ST-LOUIS (If outside city or town limits, write "RURAL") 17

(d) Street No. 1357 SHAW MOT (If rural, give location) 7

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Morris Toybes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife FLORENCE Toybes

6. (c) Age of ~~husband or~~ wife if alive 50 years

7. Birth date of deceased UNKNOWN (Month) (Day) (Year)

8. AGE: Years Abt 50 | Months | Days | If less than one day hr. min.

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

10. Usual occupation MERCHANT

11. Industry or business DRY GOODS

FATHER
12. Name Jacob Melich Toybes 6
13. Birthplace (City, town, or county) RUSSIA (State or foreign country)

MOTHER
14. Maiden name FRIMA BARONSKY 6
15. Birthplace (City, town, or county) RUSSIA (State or foreign country)

16. (a) Informant Florence Toybes

(b) Address 1357 Shawmut

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel EMETH

18. (a) Signature of funeral director Stephanie

(b) Address 4469 Washington

19. (a) SEP 23 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 0800 minute M.

21. I hereby certify that I attended the deceased from 9/10, 1946, to 9/21, 1946, that I last saw him alive on 9/21, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer Liver	
Due to Cancer Gall bladder	1 yr.
Primary site Gallbladder	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Joseph Tanney (M. D. or other) MD

Address 4800 Olive Date signed 9/23/46

(Licensed Embalmer's Statement on Reverse Side)

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 H. Z. Eenhandler

Licensed Embalmer No. 3669

P. O. Address .....

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.