. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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 NOV 1 1946

State File No. 32918

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 345

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4m 10d (Specify whether
In this community 4m 10d
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 14
(c) City or town Sappington Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. Lindbergh Travois 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLES TOBALL

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

4. Sex m 0
5. Color or race W
6. (a) Single, widowed, married, divorced m 1
6. (b) Name of husband or wife Anna Toball
6. (c) Age of husband or wife if alive dk years
7. Birth date of deceased Oct (Month) 21 (Day) 1872 (Year)

8. AGE: Years 74 Months 0 Days 2 If less than one day hr. min.

9. Birthplace New Orleans La 1
(City, town, or county) (State or foreign country)
10. Usual occupation shoe fitter
11. Industry or business shoe
FATHER
12. Name Chas. H. Toball
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amelia Coleman
15. Birthplace Louisiana 1
(City, town, or county) (State or foreign country)
16. (a) Informant Hospital records
(b) Address Fulton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis, Mo.
18. (a) Signature of funeral director Glen J. Maupin
(b) Address 712 Court St. Fulton, Mo
19. (a) 10-23-1946 (Date received local registrar) (b) Josie Moosinkhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1946 hour 8 minute 20 a M.
21. I hereby certify that I attended the deceased from Oct 21 1946 to Oct 23 1946 that I last saw him alive on Oct 23 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3d
Due to	
Due to	
Other conditions Chronic myocarditis (Include pregnancy within 3 months of death)	1y

Major findings:
Of operations none
Of autopsy none

(131)

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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. Caldwell (M. D. or other) MD
Address Fulton Mo Date signed 10-23-46

98 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-28-46

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 Glen Y. Maupin

Licensed Embalmer No. 2725

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.