

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7454
State File No. _____
Registrar's No. 321

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Coor
(c) Name of hospital or institution: Robert Coor Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 66 days
(Specify whether life)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 0-00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Stag Hotel 5A NORTH 9TH ST
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME O'TOOLE, Edward
3. (b) If veteran, name war _____
3. (c) Social Security No. yes

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced wid. 21
6. (b) Name of husband or wife Peter Patton
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased 3 4 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 11 25 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation odd jobs

11. Industry or business _____

MOTHER FATHER

12. Name Robert O'Toole
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Edith White
15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Coor Hospital Records
(b) Address Coor Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-13-47
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 LIMDELL BLVD

19. (a) 2-14-47 (Date received local registrar)
(b) Robert Coor Hospital (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9
year 1947 hour 3 minute 05 A.M.
21. I hereby certify that I attended the deceased from 1-14 to 2-9, 1947
that I last saw him alive on 2-8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Esophagus
Duration 1 year

Due to _____
Due to _____

Other conditions Cancer of Esophagus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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)
(a) Means of injury Heart Attack
23. Signature Edoant. Coor (M. D. or other)
Address Robert Coor Hospital Date signed 2-9-47

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

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 *Walter G. Lappe*
Licensed Embalmer No. *2971*
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.