

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19439

State File No.

FILED JUN 5 1947
318

5291
Registrar's No.

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County..... **St. Louis**
(b) City or town.....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2530 West Hebert**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **48: yeabb** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **ood**
(c) City or town..... **St. Louis** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **2530 West Hebert St.**
90 (If rural, give location) 7
(e) Citizen of foreign country?..... (Yes or No) 7
If yes, name country.....

3. (a) PRINT FULL NAME..... **Mrs. Alice A. Tolsch.**

3. (b) If veteran, name war..... **none** 3. (c) Social Security No. **none**

4. Sex..... **female** 5. Color of race..... **white** 6. (a) Single, married, divorced..... **married**

6. (b) Name of husband or wife..... **Fred G. Tolsch.** 6. (c) Age of husband or wife if alive..... **50** years

7. Birth date of deceased..... **July 31st 1898**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 **9** **20** hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **John M. Connors** Va /

13. Birthplace..... **Alice McHale** (City, town, or county) (State or foreign country)

14. Maiden name..... **St. Louis Mo.** (City, town, or county) (State or foreign country)

15. Birthplace..... **Fred G. Tolsch.** (City, town, or county) (State or foreign country)

16. (a) Informant..... **2530 W. Hebert St.**
(b) Address.....

17. (a) Burial (b) Date thereof..... **5-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery Hy. Leidner**

18. (a) Signature of funeral director..... **2225 St. Louis Ave.**
(b) Address.....

19. (a) **MAY 28 1947** (b) **J. F. Breese**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month..... **May** day..... **26**
year..... **1947** hour..... **4:25 PM.** minute.....

21. I hereby certify that I attended the deceased from **Feb 8/47** to **May 26 1947** that I last saw her alive on **May 26 1947** and that death occurred on the date and hour stated above

Immediate cause of death..... **Acute Infectious Mononucleosis** Duration **1 day**
Due to..... **Acute Infectious Mononucleosis** 3 mo
Due to..... **Menstruation** 3 mo

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

Major findings: Of operations..... **12/1** Of autopsy.....

PHYSICIAN
Underline the cause of 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..... **7:27**

23. Signature..... **J. F. Breese** (M. D. or other) **7:27**
Address..... **1873 Madison** Date signed.....

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

MOTHER FATHER

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

John P. Beckholts

Licensed Embalmer No. 1674

P. O. Address. 2223 St. Louis 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.