No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 33088

Registrar's No. 8700

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: City Hospital #1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 000

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

(d) Street No. 2506 SLATTERY 90
(If rural, give location)

(e) Citizen of foreign country? 20 NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME RICHARD TOOLEY

3. (b) If veteran, name war No

3. (c) Social Security No. 498-20-4947

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 4 (Day) 1927 (Year)

8. AGE: Years 20 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Clerk

11. Industry or business Wrought Iron Range Co.

FATHER
12. Name Eli M. Tooley
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Hazel Riley
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Hazel Tooley,
(b) Address 2506 Slattery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- 17- 47 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsfield, Illinois

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) SEP 1 0 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 14
year 1947 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 8/25/47, 19, to 9/14, 1947
that I last saw him alive on 9/14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PULMONARY TUBERCULOSIS	9 MO
Due to	
Due to	
Other conditions CONGENITAL HEART (Include pregnancy within 3 months of death)	LIFE

Major findings:
Of operations
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

23. Signature Roger W Clapp MD (M. D. or other)
Address 1515 Lafayette Date signed 9/14/47

Jefferson City Printing Co.

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.