S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

(8291)

FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43551

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11541

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. 2604 N. 11th. St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA TONCOFF
3. (b) If veteran, name war: none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Peter Toncoff
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 26th, 1892 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	22	hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER 12. Name Andrew Shank
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
FATHER 14. Maiden name
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Peter Toncoff
(b) Address 2604 N. 11th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) DEC 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 18th year 1947 hour 5 minute 45 AM.
21. I hereby certify that I attended the deceased from 12/12/47, 19..., to Dec. 18th, 19 47 that I last saw her alive on Dec. 18th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Aspiration of food — Duration
Due to: Uremia
Due to: Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death): gastric ulcer, gastro-pneumonitis recent
Major findings of operation: Hypertensive
Of autopsy: Cause: vascular choice

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) Nature of injury
23. Signature P. S. Coe M.D. 1515 Lafayette (Physician or other) 12/18/47
Address Date signed

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 John P. Buchholz

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.