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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3395
Registrar's No. 28

Registration District No. 317 Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town RICHMOND HTS.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME May Toohy
3. (b) If veteran, name war NONE 3. (c) Social Security No.....

4. Sex FEMALE 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 JULY 30 1895
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 3 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. 6
(City, town, or county) (State or foreign country)

10. Usual occupation BANK TELLER

11. Industry or business BOATMEN'S NATL. BANK

12. Name MARTIN TOOHEY

13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

14. Maiden name PAULINE SIKORSKA

15. Birthplace EUROPE
(City, town, or county) (State or foreign country)

16. (a) Informant IRENE BEERHALTER

(b) Address 3324A LAWN AVE

17. (a) BURIAL (b) Date thereof 1-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S.S. PETER & PAUL CEM

18. (a) Signature of funeral director KRIEGSHAUSER UND CO

(b) Address 4448 S. KINGSHIGHWAY

19. (a) 1-5-48 (b) Geulcy Sharpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5774 MORGANFORD RD
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from January 2nd 1948 to January 3rd 1948
that I last saw her alive on January 3rd 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Artery of Brain Duration 32 hours
Due to Arteriosclerotic Vascular Disease and Hypertensive Vascular Disease Uncertain
Due to..... Uncertain

Other conditions 836
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy Permit refused
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?
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. O. Brown (M. D. or other) MD
Address 1325 S. Grand Blvd Date signed 1/4/48

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

NOV 11 1948

FFB 201948

JUL 6 2 1948

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 *Richard W. Stover*

Licensed Embalmer No. *4007*

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.