FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 21207
Registrar's No. 5766

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 Sanitarium, 5300 Arsenal St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4030 St. Louis Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY O'TOOLE
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 Single
6. (b) Name of husband or wife ----
6. (c) Age of husband or wife if alive ----
7. Birth date of deceased August 31, 1865 (Month) (Day) (Year)
8. AGE: Years 82 Months 9 Days 25 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business ----
FATHER 12. Name John O'Toole
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Nolan
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Miss Margaret O'Toole
(b) Address 4229 Margaretta
17. (a) Burial n (Burial, cremation, or removal) (b) Date thereof 6-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director J. Wallock
(b) Address 2117 E. Grand Blvd.
19. (a) JUN 28 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26 year 1948 hour 10.58 minute P M.
21. I hereby certify that I attended the deceased from June 11, 1948, to June 26, 1948; that I last saw her alive on June 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Broncho-Pneumonia	2 ds.
Due to Cancer of the left breast	6/11/48x
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 H. G. Amey M. D. (M. D. or other)
Address 5400 Arsenal St. Date signed 6/27/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.