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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24595

FILED AUG 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6680

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: 3958 Palm Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3958 Palm Street 0
(If rural, give location)

(e) Citizen of foreign country? 10 No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANK JOHN O'TOOLE

3. (b) If veteran, name war None

3. (c) Social Security No. R.R. Retirement

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife ------

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

7. Birth date of deceased February (Month) 22, (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	5	5	hr. min.

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

10. Usual occupation R.R. Clerk

11. Industry or business Terminal R.R.

FATHER
12. Name Andrew J. O'Toole 0
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catherine Maginnis
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Miss Anna O'Toole
(b) Address 3958 Palm Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director H. A. Stock
(b) Address 2117 E. Grand Blvd.

19. (a) JUL 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/27/48 day
year 3 hour 30 minute P M.

21. I hereby certify that I attended the deceased from 16 June, 1947, to 24 June, 1947.
that I last saw him alive on 24 June, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. bilat.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Charles Bromer, (M. D. or other) M.D.
Address 6854 Pernod Date signed 7/27/48.

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 Gustav W Dietel

Licensed Embalmer No. 4329

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.