S. 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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1948

State File No. 24765

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6553

1. PLACE OF DEATH:
(a) County
(b) City or town StLouis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: StLouis State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 days (Specify whether
In this community 5 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town StLouis
(If outside city or town limits, write "RURAL")
(d) Street No. 4637 StFerdinand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 11
If yes, name country

3. (a) PRINT FULL NAME Tossie ~~TOSSIE~~ STREET
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Henry
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 13 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Piedmont Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name --------Eddington
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Merlinbach
(b) Address 4637 StFerdinand
17. (a) removal (b) Date thereof 7-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Corning Ark
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester
19. (a) (b) J. F. Bredeck
(Date received by registrar) (Registrar's signature)
JUL 26 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1948 hour 9.00 minute P M.

21. I hereby certify that I attended the deceased from June 14, 1948 to July 24, 1948
that I last saw her alive on July 24, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Cerebral hemorrhage	7/23/48
Due to Essential Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 W. M. Gauloss (M. D. or other)
Address 5400 Arsenal St. Date signed 7/25/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

6553

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.....

Licensed Embalmer No. 4053

P. O. Address StLouis 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.