FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24801

Registrar's No. 6342

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marian 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St Louis 4
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1819 S 9th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 23

If yes, name country

3. (a) PRINT FULL NAME Michael Toth Sr

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-8955

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Veronica

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept (Month) 2 (Day) 1877 (Year)

8. AGE: Years 70 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Hungaria (City, town, or county) 4 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Anton Toth
13. Birthplace Hungaria (City, town, or county) 4 (State or foreign country)

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

16. (a) Informant Veronica Toth
(b) Address 1819 S 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wm E Moyden Mrd
(b) Address 1926 Allen Av

19. (a) JUL 17 1948 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1948 hour 12.55 minute PM.

21. I hereby certify that I attended the deceased from 6-29- 1948 to 7-15 1948 that I last saw him alive on 7-15 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sigmoid Upper	6 mo.
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations same as above	
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 0 —

23. Signature Otey S Jones (M. D. or other) MD

Address 3616 S Bwdy Date signed 7-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj J Duncan

Licensed Embalmer No. 2222

P. O. Address 1926 Allen

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.