

FILED AUG 28 1948
318

1003

Registrar's No. 7343

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..... **St. Anthony Hosp.**
 (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)

3. (a) PRINT FULL NAME **Sarah Toeblein**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **Female** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Widowed**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **March 13 1878**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	5	7	 hr. min.

9. Birthplace..... **Sullivan Missouri**
(City, town, or country) (State or foreign country)10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **John Gruwell**13. Birthplace..... **Missouri**
(City, town, or country) (State or foreign country)14. Maiden name..... **Unknown**15. Birthplace..... **"**
(City, town, or country) (State or foreign country)16. (a) Informant..... **Wm. Malcolm, Sr.**(b) Address..... **816a DeSoto Ave.**17. (a) **Burial** (b) Date thereof..... **8/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... **Sunset Burial Park**18. (a) Signature of funeral director..... **Stroot-Carroll**(b) Address..... **4600 Natural Bridge Ave.**19. (a) **AUG 21 1948** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
 (a) State..... (b) County..... **St. Louis**
 (c) City or town..... **1826 Alfred Ave.**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **20**
year..... **1948** hour..... **7** minute..... **40** A. M.21. I hereby certify that I attended the deceased from..... **Aug 17** to..... **Aug 20**
19..... **1948**
that I last saw him..... **er** alive on..... **Aug 17**
and that death occurred on the date and hour stated above.Immediate cause of death..... **Myocardial Infarction**Due to..... **Crowning Dissection**Due to..... **94**

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

Major findings:
Of operations.....

Of autopsy.....

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..... **Wm. Malcolm, Sr.** (M. D. or other).....Address..... **4204 Kensington** Date signed..... **Aug 20 1948**

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

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.