

300  
10-47  
17-39  
1-3908

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31327**  
Registrar's No. **8014**

FILED SEP 20 1948  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital-Max C. Starkloff**  
(If not in hospital or institution, write street number or location) **Memorial**  
(d) Length of stay: In hospital or institution **0** (Specify whether  
in this community years, months or days)

3. (a) PRINT FULL NAME **Joseph O'Toole**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **497-09-4624**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Loretta O'Toole** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: **April 15th 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**55 4 27** hr. min.

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

10. Usual occupation **Guard**

11. Industry or business **Scullin Steel Co.**

12. Name **Patrick O'Toole**

13. Birthplace **St. Louis, Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Andersen**

15. Birthplace **St. Louis, Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Loretta O'Toole-wife**

(b) Address **4682 Labadie Ave**

17. (a) **burial** (b) Date thereof **9-15-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Int. Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Brothers,**

(b) Address **2849 No. Euclid Ave.**

19. (a) **SEP 13 1948** (b) **J. J. [Signature]**  
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00012**  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **4682 Labadie Avenue** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **12th**  
year **1948** hour **11** minute **53 P.M.**

21. I hereby certify that I attended the deceased from **9/11/48**  
\_\_\_\_\_, 19\_\_\_\_, to **Sept. 12th**, 19\_\_\_\_  
that I last saw h. **im** alive on **Sept. 12th**, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Embolus, Rt Middle Cerebral Artery** Duration **1 1/2 days**

Due to **Rheumatic Heart Disease**

Due to \_\_\_\_\_

Other conditions **Hypertensive Heart Disease**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **9/15**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

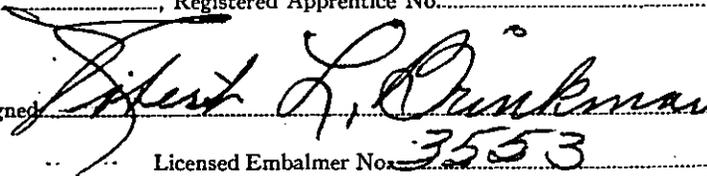
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature **W. M. [Signature]** (M. D. or other)  
Address **1515 Lafayette 9-33-48**

**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. 3553

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.**