

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41889**
11011
Registrar's No. _____

Registration District No. **318**

Primary Registration District No. **1003**

12-28-48

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution: **De Paul Hospital**
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **12 days**
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Anna Toelke**

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 **Widow**

6. (b) Name of husband or wife **late Frank H. Toelke** **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased **October 17 1871**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	2	2	hr. _____ min.

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

10. Usual occupation **Unemployed**

11. Industry or business _____

12. Name **Frank Rose**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Lindera**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edna Hesse**

(b) Address **5150 Goethe Ave**

17. (a) Burial **(b) Date thereof Dec 22 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz**

(b) Address **4828 Nat Bridge Blvd**

19. (a) DEC 21 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **4210 Carter Ave**
10 (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19**
year **1948** hour **11** minute **11:25** P.M.

21. I hereby certify that I attended the deceased from **Dec 8**, 19**48** to **Dec 19**, 19**48**
that I last saw **him** alive on **12 19**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** **Duration** **2 1/2**

Due to **Myocardial degeneration** **?**
of long standing

Due to **Arteriosclerosis** **?**
of long standing

Other conditions **My peritonitis** **?**
(Include pregnancy within 3 months of death)

Major findings: **of long standing** **?**

Of operations _____

Of autopsy _____

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? **0**

While at work? **0** (Specify type of place) (e) Means of injury _____

23. Signature **Comm. Hauer** (M. D. or other)
Address **107 N. Grand** Date signed **12/24/48**

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.....

John A. Menden

Licensed Embalmer No.....

4186

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.