

FILED JUN 7 1949

#43899

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17759

State File No. 4764

BIRTH NO. _____		REG. DIST. NO. 8001		PRIMARY REG. DIST. NO. 81E		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 1907a Mallinckrodt Street			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA		b. (Middle) F.		c. (Last) TOLCH		4. DATE OF DEATH (Month) (Day) (Year) May 31st, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 26, 1877	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) St. Louis, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Kuhlmann		13b. MOTHER'S MAIDEN NAME Marv Richter		14. NAME OF HUSBAND OR WIFE Dead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.H. Kuhlmann 3914a Natural Bridge			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio vasculat disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hill X			
22. I hereby certify that I attended the deceased from 5/25/49 , 19____, to 5/31/49 , 19____, that I last saw the deceased alive on 5/31/49 , 19____, and that death occurred at 1:25am m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph J. Muenster, Jr., M.D.				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 5/31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, CO. MO	
DATE REC'D BY LOCAL REG. MAY 31 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Suedmeyer & Son's 3934 N. 20 Street			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Merville B. Frohwitter

Licensed Embalmer No. *3696*

P. O. Address *3934 No 20th*

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.