

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35454

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8780

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 1330					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 17					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 6 5391 Wabada					
3. NAME OF DECEASED (Type or Print) Thomas			a. (First) b. (Middle) c. (Last) O'Toole		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1949		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH Jan. 8, 1903	9. AGE (In years last birthday) 46		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator		10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		11. BIRTHPLACE (State or foreign country) Ireland 4			
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME William O'Toole		13b. MOTHER'S MAIDEN NAME Anne Tiernon			
14. NAME OF HUSBAND OR WIFE Mary O'Toole		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 493-10-9467		16. SOCIAL SECURITY NO. 493-10-9467			
17. INFORMANT'S SIGNATURE OR NAME Mary O'Toole		18. ADDRESS 5391 Wabada		19. CAUSE OF DEATH			
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) Heart failure  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease DUE TO (c) Arterial hypotension  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days  2 years  Indefinite	
19a. DATE OF OPERATION 8/25 - 9/3/1949		19b. MAJOR FINDINGS OF OPERATION Bilateral thoraco-abdominal sympathectomy 8/25 + 9/3/1949				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 102			
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? HHHX			
22. I hereby certify that I attended the deceased from June 22, 1949, to Oct 10, 1949, that I last saw the deceased alive on Oct 10, 1949, and that death occurred at 6:30P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Roland Stepper MD U		23b. ADDRESS 4500 Olive St. St Louis 8		23c. DATE SIGNED 10/11/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			
24d. LOCATION (City, town, or county) (State) St Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Smart 1225 Union					
DATE REC'D BY LOCAL REG OCT 12 1949		REGISTRAR'S SIGNATURE J. B. Lassiter		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Smart 1225 Union			

**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.

Signed \_\_\_\_\_

*Clement McManis*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3732*

P. O. Address \_\_\_\_\_

*St. Louis*

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.