

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34885
Registrar's No. 536885

FILED JUL 5 1950

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place)		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5754 Chamberlain Ave.,</u>		d. STREET ADDRESS (If rural, give location) <u>5754 Chamberlain Avenue.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) c. (Last) <u>O'Toole</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 25, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 23, 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Michael Higgins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Quigley</u>		14. NAME OF HUSBAND OR WIFE <u>Jerry O'Toole</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Maude Abel-5754 Chamberlain Ave.,</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Ch.</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> ANTECEDENT CAUSES <u>Hypertension</u> 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 <u>20 years</u>
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H43X</u>	

22. I hereby certify that I attended the deceased from July, 1920, to June 25, 1950, that I last saw the deceased alive on June 23, 1950, and that death occurred at 11:04 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Shackelford</u> SHACKELFORD (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>6/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-28-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>JUN 26 1950</u>		REGISTRAR'S SIGNATURE <u>L. B. Farster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrigan-Sheahan-4700 Washington Blvd</u>	
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmer R. Padwell

Licensed Embalmer No. 4079

Signed.....

Student Embalmer

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.