

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31954

State File No.

8137

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		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 OR TOWN Saint Louis)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 3919 Shreve Avenue, 15.					
3. NAME OF DECEASED (Type or Print)		a. (First) William		b. (Middle) C.		c. (Last) Toennies			
4. DATE OF DEATH (Month) (Day) (Year)		Sept. 25th, 1950							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 20th, 1875		9. AGE (in years last birthday) 75			
10a. USUAL OCCUPATION (Give kind of work - done during most of working life, even if retired) Retired Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U. S. A.		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Louis G. Toennies		13b. MOTHER'S MAIDEN NAME Johanna Fricke		14. NAME OF HUSBAND OR WIFE Frieda T. Toennies nee Kopp					
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 Frieda T. Toennies, 3919 Shreve Avenue, 15.					
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) Acute Cardiac Dilatation				INTERVAL BETWEEN ONSET AND DEATH 10 min.	
ANTECEDENT CAUSES DUE TO (b) Coronary Occlusion				DUE TO (c) Gastric Carcinoma				24 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anaemia								?	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21d. (COUNTY) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157X					
22. I hereby certify that I attended the deceased from Nov. 10, 1949 to Sept. 25, 1950 , that I last saw the deceased alive on Sept. 25, 1950 , and that death occurred at 9:15 A m. , from the causes and on the date stated above.									
22a. SIGNATURE Calvin F. Feutz (Degree or title) M.D.				23b. ADDRESS 4356 Warne Avenue (7)		23c. DATE SIGNED 9-26-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/28/50		24c. NAME OF CEMETERY OR CREMATORY Saint Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. SEP 27 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Nat'l. Bridge Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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

4356 11 anne
No. 2500
1 to 5 Pm Tuesday

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 Ralph E. Linders

Licensed Embalmer No. 4275

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.