

FILED AUG 6 1951

DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23474

500  
4

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hillsboro</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkley 4091</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>5952 Garfield Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>M</u> c. (Last) <u>Toth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-32-1951</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>7-30-1859</u>
9. AGE (In years last birthday) <u>91</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Flouissant Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Keller</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Henry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>W.A. Juelkemeier 7250 St. Louis</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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION  MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, bilateral</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> 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. <u>Senility</u>	
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) <u>491X</u>	
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? _____		22. I hereby certify that I attended the deceased from <u>July 15, 1951</u> , to <u>July 22, 1951</u> , that I last saw the deceased alive on <u>July 18, 1951</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell M.D.</u>		23b. ADDRESS <u>Desoto, Mo.</u>	
23c. DATE SIGNED <u>7-22-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Peters Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		DATE REC'D BY LOCAL REG. <u>7-23-51</u>	
REGISTRAR'S SIGNATURE <u>Kathleen Marsden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Colvin Foutz</u>	
ADDRESS <u>141</u>		ADDRESS <u>Funeral Home St Louis Mo</u>	

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 8-11-51

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 Ronald Oyabunke

Signed.....  
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St. Louis 10

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.

85-9