

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29164

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2905	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glencoe</u>		c. LENGTH OF STAY (in this place) <u>74</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glencoe</u> <u>4740</u>		d. STREET ADDRESS <u>La Salle Institute</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>La Salle Institute</u>				d. STREET ADDRESS <u>La Salle Institute</u>			
3. NAME OF DECEASED (Type or Print) <u>Brother Leopold Gregory Toole</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>8 5 1951</u>		5. SEX: <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Oct. 10 1886</u>		9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nurse</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u> <u>4</u>	
11. BIRTHPLACE (State or foreign country) <u>Ireland</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Toole</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Simott</u>	
13a. FATHER'S NAME <u>James Toole</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Simott</u>		13c. NAME OF HUSBAND OR WIFE _____		14. NAME OF HUSBAND OR WIFE _____	
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Hilary</u>		ADDRESS <u>Glencoe, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Longest we heart failure</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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>Malnutrition, senescent or kidney disease</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) (Minute)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>Nov. 10</u> , 19 <u>50</u> , to <u>5 day</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Aug 4</u> , 19 <u>51</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. P. ... M.D.</u>				23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>8/10/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lasalle Institute</u>		24d. LOCATION (City, town, or county) (State) <u>Glencoe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-14-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No.

Signed

Wm S. Safford

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.