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FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6135

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>O'Fallon</b>	
c. LENGTH OF STAY (in this place) -----		0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>900 South 20 Street</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) ----- c. (Last) <b>Tochtrop</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3 0 3 '52</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>11-13-1861</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Days <b>3</b> IF UNDER 12 HRS. Min. <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Fr Dunn</b>		13b. MOTHER'S MAIDEN NAME <b>Foster</b>		14. NAME OF HUSBAND OR WIFE <b>Frank Tochtrop de'ed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cathrine Maher O'Fallon Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio sclerosis / heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>9m. arterio sclerosis</b>			10 yrs	
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **2-25-1952**, to **3-3-52**, that I last saw the deceased alive on **2-3-52**, 19**52**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Burke M.D.</b> (Degree or title)		23b. ADDRESS <b>126 S. Main St.</b>		23c. DATE SIGNED <b>3-5-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-6-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Immaculate Conception</b>		24d. LOCATION (City, town, or county) (State) <b>Dardenne Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>3-6-52</b>		REGISTRAR'S SIGNATURE <b>Therese Hamilton</b> <b>254-5</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ed Keethly</b> <b>O'Fallon Mo</b>	
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *E. Keithly*

Licensed Embalmer No. 822

P. O. Address 01 Fallon 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.