

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6825

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1648

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 township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2109	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3100 N ² GRAND BLVD	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL 10			

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) J. c. (Last) TOFTE	4. DATE OF DEATH (Month) (Day) (Year) 2 - 19 - 52
--	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN 30, 1883	9. AGE (In years) (lay birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FIREMAN	11. BIRTHPLACE (State or foreign country) NORWAY	12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME ERICK TOFTE	13b. MOTHER'S MAIDEN NAME ELIZ. MADSEN	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) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME M. Mae G. Guefel	ADDRESS 5855 Ferris Ave
--	---------------------------------	---	----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LV of the right leg. Arteriosclerosis; suffered tuberc		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) deceased fell at his home at 5855 Ferris Ave on Dec 28 1951 at about 4:10 pm		
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 open accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec 28 5:40 pm	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E9030-20

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE Daniel E Taylor MD	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2. 21. 52
--------------------------------------	-------------------	----------------------------	-------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-23-52	24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO
--	----------------------	---	--

DATE REC'D BY LOCAL REG. FEB 21 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE A. Knowlton Co	ADDRESS 2707 N Grand
---	--	--	-------------------------

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

OCT 27 1952

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 Francis Williamson

Signed
Student Embalmer

Licensed Embalmer No. 3565

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.