V.S. No. 300
Rev. 10.48

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Reg. 105,198

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37312

BIRTH NO. FILED NOV 14 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2830

4000

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (In this place): 39 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WATERLOO
d. STREET ADDRESS (If rural, give location): 540 SOUTH MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): L.
c. (Last): TOENJES

4. DATE OF DEATH (Month) (Day) (Year): 11/1/52

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: 1/14/18
9. AGE (In years last birthday): 34 yrs. 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): Watch Repair
10b. KIND OF BUSINESS OR INDUSTRY: Watch Repairing
11. BIRTHPLACE (City and State or Foreign Country): WATERLOO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: BERNARD TOENJES
13b. MOTHER'S MAIDEN NAME: ANNIE WECKER
14. NAME OF HUSBAND OR WIFE: LORETTA TOENJES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD II
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: V. A. HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): RHEUMATIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 5 YRS.

ANTECEDENT CAUSES — DUE TO (b): - - -416X

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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: - - - - - -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): V.A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - -

22. *I hereby certify that I attended the deceased from* 9/23, 1952, *to* 11/1, 1952, ~~that I last saw the deceased alive on~~ XXXXXXXXXXXXXXXX, *and that death occurred at* 5:20 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James W Hurley M.D.
23b. ADDRESS: V.A.HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 11/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-3-52
24c. NAME OF CEMETERY OR CREMATORY: Waterloo, Ill.
24d. LOCATION (City, town, or county) (State): Waterloo, Ill

DATE REC'D BY LOCAL REG.: 11-3-52
REGISTRAR'S SIGNATURE: Herbert R. Domke - M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Southern Funeral Home 6322 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1953

AUG 19 1953

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.