No. 300
10.48

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

FILED FEB 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8019

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1595

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, 2109
d. STREET ADDRESS (If rural, give location): 3909 LEXINGTON AVE 0 10

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): C.
c. (Last): TOEBE

4. DATE OF DEATH (Month) (Day) (Year): FEB, 10, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 10/8/1893
9. AGE (In years last birthday): 59 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS MISSOURI C
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JOSEPH WIEDEMEIER
13b. MOTHER'S MAIDEN NAME: CAROLINE HEINZ
14. NAME OF HUSBAND OR WIFE: JOHN A TOEBE SR.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: #
17. INFORMANT'S SIGNATURE OR NAME: JOHN A TOEBE — **ADDRESS**: 3909 LEXINGTON 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis — Interval between onset and death: 5 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complete Hysterectomy — 5 days
DUE TO (c) Carcinoma Corpus Uteri — 8 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/5/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Corpus Uteri
20. AUTOPSY? YES ☒ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 172X

22. *I hereby certify that I attended the deceased from* 2/5, 1953, *to* 2/10, 1953, *that I last saw the deceased alive on* 2/9, 1953, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy V. Boedeker (Degree or title): O
23b. ADDRESS: 458 N. Taylor
23c. DATE SIGNED: 2/10/53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2/13/53
24c. NAME OF CEMETERY OR CREMATORY: S.S. PETER & PAUL CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MISSOURI

DATE REC'D BY LOCAL REG.: FEB 10 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M83
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

JUN 3 1954

MAY 22 1954

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 Albert Mayfield

Licensed Embalmer No. 3077

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.