

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12118**
Registrar's No. **2599**

FILED **MAR 24 1953**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY OR TOWN Richmond Hts	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION FAITH HOSPITAL		e. STREET ADDRESS (If rural, give location) 1409 RANKIN DR. 4485	

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) P. c. (Last) O'TOOLE		4. DATE OF DEATH (Month) (Day) (Year) MARCH-7-53	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W	8. DATE OF BIRTH MARCH 23-1895
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME John O'TOOLE	13b. MOTHER'S MAIDEN NAME KATHERINE BROWN	14. NAME OF THE WIFE OR WIFE ANN G'TOOLE
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MARIE LAUTERWASSER	ADDRESS 1409 RANKIN DR
---	--------------------------------	---	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
	b) Ch. Cordis Vasculare Dura		
	c) Antony Sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Upper Respiratory Inf.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Chrus type D		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 Feb 20 1953, to Mar 6, 1953, that I last saw the deceased alive on Mar 6, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS 2816 Sult on Ave	23c. DATE SIGNED 3/9/53
---	--	--

24a. BURIAL (Specify) BURIAL	24b. DATE MARCH-10-53	24c. NAME OF CEMETERY OR CREMATORY GALVARY Cem.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
---	--	--	--

DATE REC'D BY LOCAL REG. MAR 9 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur	ADDRESS 3125 Lafayette
--	--	--	---

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

3200000000

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.....
Signature of Student Embalmer

Signed.....
John W. Walker

Licensed Embalmer No. *4014*
P. O. Address *Home 14M*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.