

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**30607**

State File No. \_\_\_\_\_

**REC AUG 25 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 2191

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Ferguson, Mo.</b>		c. CITY OR TOWN <b>Ferguson</b>	
c. LENGTH OF STAY (in this place) <b>5 Years</b>		d. STREET ADDRESS (If rural, give location) <b>923 January Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>923 January Avenue</b>		e. STREET ADDRESS (If rural, give location) <b>923 January Avenue</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Mabel</b>	a. (First)	b. (Middle)	c. (Last) <b>Toole</b>	<b>4. DATE OF DEATH</b> (Month) <b>August</b> (Day) <b>8,</b> (Year) <b>1953</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>April, 19, 1878</b>	<b>9. AGE</b> (In years last birthday) <b>75</b>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 MIN.</b> Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Rock Glen, New York</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Wm. Keeney</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <b>Unknown</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. William Toole, 923 January Ave.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 hrs.</b>  <b>1936</b> <b>1947</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Broncho-pneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Cerebral Hemm.</b> <b>Cerebral Hemm.</b> <b>DUE TO (c) Arteriosclerosis - senile</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>331X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from July, 1953, to Aug 8, 1953, that I last saw the deceased alive on Aug 7, 1953, and that death occurred at 2:45P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Lo. E. Hughes M.D.</b>	<b>23b. ADDRESS</b> <b>Ferguson Mo.</b>	<b>23c. DATE SIGNED</b> <b>8/9/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8-10-1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellefontaine Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-9-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. D... M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Math Hermann &amp; Son, Inc.</b>	<b>ADDRESS</b> <b>2161 E. Fair Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAY 2 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

*Richard E. Burns*

Licensed Embalmer No. *4302*

P. O. Address

*Shoens*

**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.