

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34198

State File No. ....

7935

FILED SEP 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2079</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>7 5417 Robin Avenue</u>	
3. NAME OF DECEASED a. (First) <u>WALTER</u> (Type or Print)		b. (Middle) <u>TOLCK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 11, 1953</u>		5. SEX <u>Male</u> <u>0</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	
8. DATE OF BIRTH <u>July 26, 1879</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>carpenter</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joachim Tolck</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Schmidt</u>	
14. NAME OF HUSBAND OR WIFE <u>Carlotta Tolck, Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maud Paar, Fairgrounds Hotel</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Mesenteric thrombosis</u> DUE TO (c) <u>Hepatic cirrhosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, general</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>36 hours</u> <u>1 year -</u> <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>581.0</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 <u>1947</u> , to <u>8/11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8/11</u> , 19 <u>53</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harold E. Selle</u> <u>MD</u>		23b. ADDRESS <u>5626 W. Florissant</u>	
23c. DATE SIGNED <u>8/13/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Aug. 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pion Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>AUG 14 1953</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stock Mortuary, 2117 E. Grand Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10-48

**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.