

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32279

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8123

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 5 yrs		c. CITY OR TOWN Dayton	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
f. STREET ADDRESS BARNES HOSPITAL		(If rural, give location) 600 Albany Street 83408			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) REHSE c. (Last) TOOLE			4. DATE OF DEATH Sept. 1 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 15, 1897	9. AGE (In years last birthday) 57yrs	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engt.		10b. KIND OF BUSINESS OR INDUSTRY U. S. Govt	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Daniel Toole		13b. MOTHER'S MAIDEN NAME Tillie Rehse		14. NAME OF HUSBAND OR WIFE Myrtle Blackard Toole	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWL		16. SOCIAL SECURITY NO. 553-24-0703		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dora L. Grokert 600Albany DaytonOh	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage into distal ileum		DUE TO (b) acute lymphatic leukemia			1 week
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			abt. 5 mos.
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 <input checked="" 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? 2040	

22. I hereby certify that I attended the deceased from 8-26, 19 54, to 9-1, 19 54, that I last saw the deceased alive on 9-1, 19 54, and that death occurred at 9:30 am., from the causes and on the date stated above.

23a. SIGNATURE <i>C. J. Vermillion M.D.</i>		23b. ADDRESS M.D. BARNES HOSPITAL		23c. DATE SIGNED 9-1-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Sept. 3, 1954		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
				24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	

DATE REC'D BY LOCAL REG. SEP 3 1954		REGISTRAR'S SIGNATURE <i>J. Charles Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Alexander & Sons 6175 Delmar.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 5 1956

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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *246*.....

P. O. Address *6175 D*.....

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.