

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32557**
 Registrar's No. **2156**

BIRTH NO. **FILED SEP 28 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. LENGTH OF STAY (for this place) 1 Day	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Anns Village #89071		d. STREET ADDRESS (If rural, give location) 3406 St. Clovis Lane	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mays Hospital		d. STREET ADDRESS (If rural, give location) 3406 St. Clovis Lane	
3. NAME OF DECEASED (Type or Print) a. (First) Dennis		b. (Middle) Francis	
c. (Last) O'Toole		4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 8, 1954
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY NONE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Francis O'Toole		13b. MOTHER'S MAIDEN NAME Eleanor Bayer	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Francis O'Toole ADDRESS 3406 St. Clovis	
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) Congenital atelectasis bilobal INTERVAL BETWEEN ONSET AND DEATH 1 1/2 Day ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ 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"/>		7620	
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)	
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 9/8 , 19 54 , to 9/9 , 19 54 , that I last saw the deceased alive on 9/9 , 19 54 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. K. Hamilton M.D.		23b. ADDRESS 35 N. Central, Clayton	
23c. DATE SIGNED 9/9/54		24. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-10-54	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 9/10/54		REGISTRAR'S SIGNATURE Richard L. Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Stewart		ADDRESS 1225 Union	

(Licensed Embalmers' Seal to be placed on Reverse Side)

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

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 Melvin L Kember

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

St. Louis 20, 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.

embalming

no