

STANDARD CERTIFICATE OF DEATH

FILED FEB 7 - 1955

State File No. **3190**

0522

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).				
a. COUNTY _____				a. STATE MISSOURI		b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS,			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST LOUIS,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3611 a CLARENCE AVE				e. STREET ADDRESS (If rural, give location): 3611 a CLARENCE AVE 2109				
3. NAME OF DECEASED (Type or Print)		a. (First) CHARLES	b. (Middle) _____	c. (Last) TOIA	4. DATE OF DEATH (Month) (Day) (Year) JAN, 17, 1955			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12/27/1899	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WINDOW WASHER		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) ITALY 5		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME PHILIP TOIA			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE ANNA TOIA			
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. 498-03-2895		17. INFORMANT'S SIGNATURE OR NAME ANNA TOIA 3611 a CLARENCE AVE				
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				INTERVAL BETWEEN ONSET AND DEATH 24hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rectum with metastases to liver, femur -				DUPLICATE				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. lung				DUPLICATE				
DUPLICATE				DUPLICATE				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X				
22. I hereby certify that I attended the deceased from Jan 17, 1955 to Jan 17, 1955 that I last saw the deceased alive on Jan 17, 1955 and that death occurred at 10:00 a.m. from the causes and on the date stated above.								
23a. SIGNATURE Thomas Cleck (Name or title) MD				23b. SIGNATURE Huboldt (Name or title) MD		23c. DATE SIGNED 1/18/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/20/55		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI		
DATE REC'D BY LOCAL REG. JAN 18 1955		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE AVE				

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.