

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6567**

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1387**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6424 Fyler		d. STREET ADDRESS (If rural, give location) 149 6424 Fyler	
3. NAME OF DECEASED (Type or Print) a. (First) Gustave		b. (Middle) H.	
		c. (Last) Toenningsmeyer	
		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 16 1880
9. AGE (In years last birthday) 74		10. KIND OF BUSINESS OR INDUSTRY Ret. Baker	11. BIRTHPLACE (State or foreign country) Hoyleton Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Toenningsmeyer		13b. MOTHER'S MAIDEN NAME Caroline Cutzler	
14. NAME OF HUSBAND OR WIFE Ida Toenningsmeyer			
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. 489-07-7444	
17. INFORMANT'S SIGNATURE OR NAME Ida Toenningsmeyer		ADDRESS 6424 Fyler	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH about 1 hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis		about 1 year	
		DUE TO (c) Diabetes Mellitus		about 2 yr.	
11. 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 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **May 1, 1954**, to **Feb 11, 1955**, that I last saw the deceased alive on **Feb 11, 1955**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) 20120		23b. ADDRESS 3406. Stains A		23c. DATE SIGNED 2/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/15/55		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.	
		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			

DATE REC'D BY LOCAL REG. FEB 14 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Wm Schumacher	
				ADDRESS 3013 Meramec	

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.....

Jack Haupt
Licensed Embalmer No. *4746*

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 this body is not embalmed, fact should be so stated above.