

FILED MAR 31 1955

THE DIVISION OF HEALTH - ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. **10297**
Registrar's No. **2120**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Clinton Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (In this place) 1 year	c. CITY OR TOWN New Baden
d. FULL NAME OF HOSPITAL OR INSTITUTION 3461 S Grand Ave.		. STREET ADDRESS (If rural, give location) R.R. 1	

3. NAME OF DECEASED (Type or Print) Ben	a. (First)	b. (Middle) --	c. (Last) Toennies	4. DATE OF DEATH (Month) (Day) (Year) Mar 7, 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27, 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 6 Days 10	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Albert Toennies	13b. MOTHER'S MAIDEN NAME Agnes Wiegmann	14. NAME OF HUSBAND OR WIFE Mary Toennies
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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 Alvina Kennedy	ADDRESS 3461 S Grand Ave.
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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 Heart		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Atherosclerotic Disease		10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis		10 years
DUE TO (c) Old Myocardial Infarction		7 Months	
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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from June, 1954, to Feb, 1955, that I last saw the deceased alive on 28 Feb, 1955, and that death occurred at 3:17 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arch M. Ahern, M.D.	23b. ADDRESS 16 Hampton Village	23c. DATE SIGNED 7 Mar 55
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL Removal	24b. DATE 3-7-55	24c. NAME OF CEMETERY OR CREMATORY St. Damian Cem.	24d. LOCATION (City, town, or county) (State) Clinton Ill.
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DATE REC'D BY LOCAL REG. MAR 7 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Hempfen Funeral Home	ADDRESS New Baden, Ill.
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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 *Henry B. Wenzler*

Licensed Embalmer No. *249*

P. O. Address *New Castle*

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.