

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31591**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **8007**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin DesLoge		d. STREET ADDRESS (If rural, give location) 2126 Cleveland Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) K. c. (Last) Tolleson			4. DATE OF DEATH (Month) (Day) (Year) Sept 10 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 9 1882
9. AGE (In years last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse	10b. KIND OF BUSINESS OR INDUSTRY Industrial Nurse	11. BIRTHPLACE (City and State or Foreign Country) Sauquoit New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Clark	13b. MOTHER'S MAIDEN NAME Mary Doyle
14. NAME OF HUSBAND OR WIFE Oliver B. Tolleson		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. 333-03-3932
17. INFORMANT'S SIGNATURE OR NAME Ann Whining		ADDRESS Granite City Ill.	
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) Carcinoma of neck, larynx & metastasis to neck, & brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 1962	
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)	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 July 1954 to 10 Sept, 1955 , that I last saw the deceased alive on 10 Sept, 1955 , and that death occurred at 1:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Bray Hancock		23b. ADDRESS Firmin DesLoge Hosp	23c. DATE SIGNED 9-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/10/55	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Granite City Illinois.
DATE REC'D BY LOCAL REG. SEP 12 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Henry J. Dieper Granite City Ill.	

(Licensed Embalmer's Statement 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

Henry J. Bieper

Licensed Embalmer No. *8210*

P. O. Address *Granite City, Pa.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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