

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

State File No. **25289**
Registrar's No. **5967**

318

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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) 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 type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1013 Sanford Avenue				e. STREET ADDRESS (If rural, give location) 1013 Sanford Avenue			
3. NAME OF DECEASED (Type or Print)		a. (First) EVERETT		b. (Middle) AARON		c. (Last) TOSH	
4. DATE OF DEATH (Month) (Day) (Year) June 23 1956		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct 16, 1895		9. AGE (In years last birthday) 60		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) gen. mgt		10b. KIND OF BUSINESS OR INDUSTRY shoe industry		11. BIRTHPLACE (City and State or Foreign Country) Carlinville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John W. Tosh		13b. MOTHER'S MAIDEN NAME Anna Ambrose		14. NAME OF HUSBAND OR WIFE Dorothy D. Tosh			
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. 488-07-8485		17. INFORMANT'S SIGNATURE OR NAME Dorothy D. Tosh		ADDRESS 1013 Sanford	
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) Myocardial infarction 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. <i>OK James M Kelly Deputy Emballer 6-27-56</i>				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 - 2 hrs.	
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) St. Louis Missouri			
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? _____			
22. I hereby certify that I attended the deceased from June 23, 1956 , to June 23, 1956 , that I last saw the deceased alive on June 23, 1956 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE R A Williamson M.D.				23b. ADDRESS 3701 Grandel St		23c. DATE SIGNED 6-23-56	
24a. BURIAL, CREMATION, REPOSED (Specify) _____		24b. DATE 10/25/56		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JUN 25 1956		REGISTRAR'S SIGNATURE J Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton and sons		ADDRESS 1233 Delmar Blvd	

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

N.E. 3-4450
11:30 To 4:00 P.M.

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 *Clarence H. Murray*.....

Licensed Embalmer No. *4019*.....

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.