

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43999

STATE FILE NUMBER
11731

FILED JAN 15 1957

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY 318		2. USUAL RESIDENCE (Where decedent lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hosp.		Length of stay in lb lifetime	
3. NAME OF DECEASED (Type or print) Katherine Toolis		4. DATE OF DEATH Dec. 21 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 6, 1891
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY Prop. of restaurant	
11. BIRTHPLACE (City and state or country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Whalen		14. MOTHER'S MAIDEN NAME Katherine Walsh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT John Crowley		Address 5077 Durant St. Louis	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocarditis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I (a) Bronchial Asthma			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 422.2		20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from July 1956 Dec. 24 1956 last saw her alive on 12/21/56 Death occurred at 11:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas F. Summers, M.D.		22b. ADDRESS 3903 Olive St. Louis 8, Mo.	
22c. DATE SIGNED 12/21/56		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12/24/56		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) St. Louis Mo.		(State) _____	
24. FUNERAL DIRECTOR Wm. J. Morrell		ADDRESS 4212 St. Louis Ave.	
25. DATE RECD. BY LOCAL REG. DEC 22 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

3903
Glasgow
N.W.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John L. Bennett*.....

Licensed Embalmer No. *4*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.