

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44404**

**FILED DEC 20 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **500** Registrar's No. **2840**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Normanday</b> c. LENGTH OF STAY (in this place) <b>1 Day</b>		c. CITY OR TOWN <b>Moline</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Normandy Osteopathic Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10026 Monarch Drive</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b> b. (Middle) <b>A</b> c. (Last) <b>Todt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-2-56</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9-29-73</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months _____ Days _____	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) <b>Retired Stock Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>American Therm. Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>
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13a. FATHER'S NAME <b>Comrod Todt</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Mueller</b>	14. NAME OF HUSBAND OR WIFE <b>Ludvia Dawn Todt Deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>49203-1775A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. Brandenburg</b> ADDRESS <b>9408 Harden Dr.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute vascular collapse</b>		DUE TO (b) <b>Myocardial Infarction</b>		<b>Minutes</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Coronary Thrombosis</b>		<b>1 wk</b>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<b>1 wk</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
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22. I hereby certify that I attended the deceased from **12-1, 1956**, to **12-2, 1956**, that I last saw the deceased alive on **12-1, 1956**, and that death occurred at **11:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert W. Huldy</b>	23b. ADDRESS <b>1917 9th Healy Rd</b>	23c. DATE SIGNED <b>12-2-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-5-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>12-3-56</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Donk</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Math. Hermann &amp; Son Inc.</b> ADDRESS <b>2161 E. Fair Ave.,</b>
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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, *Clement McNear*

Licensed Embalmer No... 376

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.