

STANDARD CERTIFICATE OF DEATH

State File No. **15573**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **998**

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

I. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton,		c. LENGTH OF STAY (If applicable) DOA	
c. CITY OR TOWN Lemay		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 St. Louis County Hosp.		e. STREET ADDRESS (If rural, give location) 827 Erskine Ave.	
3. NAME OF DECEASED (Type or Print) FREDERICK		a. (First) G. b. (Middle) TOSSICK c. (Last) TOSSICK	
4. DATE OF DEATH Apr. 11, 1957		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Nov. 2, 1920		9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer-Bottler		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Edward Tossick,		13b. MOTHER'S MAIDEN NAME Rose Huter	
14. NAME OF HUSBAND OR WIFE (Divorced)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. W.V.#2 497-18-9066		17. INFORMANT'S SIGNATURE OR NAME Rose Tossick, 602 Lagro Ave.	
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) Recent gun shot wounds (2) of the neck. External findings are compatible with suicidal intent ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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? E-976X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) front seat of car	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lemay St. Louis Mo.			
21d. TIME OF INJURY 4/11/57 10:00 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Self inflicted gunshot wounds of the neck			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 4/19/57			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/57	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.	
DATE REC'D BY LOCAL REG. 4-16-57		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co.		ADDRESS 7420 Michigan Ave.	

APR 10 1963

City of St. Louis, Missouri
 St. Louis County Hosp.
 827 Effrine Ave.
 St. Louis, Mo. 63105
 APR. 11, 1963

Name: Male
 Race: White
 Marital Status: Divorced
 Date of Death: Nov. 2, 1950
 Age: 36

Name: Edward Toasick
 Address: Rose-Huter
 City: St. Louis, Mo.
 State: Mo.

Name: Rose Huter
 Address: Rose Toasick, 602 Negro Ave.
 City: St. Louis, Mo.

Name: Bear-Butler
 Address: Anheuser-Busch
 City: St. Louis, Mo.

Name: Yes
 Address: W. N. Sts.
 City: St. Louis, Mo.

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 _____

Licensed Embalmer No. 4950

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.

Fengler Inc. Co., 2420 Michigan Ave.