

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43112**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **3008**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KOCH		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 MO.		e. STREET ADDRESS (If rural, give location) 6105 Laura	
d. FULL NAME OF HOSPITAL OR INSTITUTION ROBERT KOCH HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) John JOHN	b. (Middle) S. STEVE	c. (Last) Toth TOTH	4. DATE OF DEATH (Month) (Day) (Year) 11 / 28 / 57
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10/29/09	9. AGE (In years last birthday) (48) 8	IF UNDER 1 YEAR Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mil Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY (Unknown)	11. BIRTHPLACE (City, and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Stephen TOTH	13b. MOTHER'S MAIDEN NAME JULIA MOLEK	14. NAME OF HUSBAND OR WIFE JULIA TOTH.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. 300-01-1990	17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia TOTH, 6105 Laura A venue	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean mode of dying, such as fall, failure, asphyxia, etc., means the direct injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory insufficiency		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Tuberculosis DUE TO (c) Emphysema.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 002X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 **9/24/57, 1957, to 11/28, 1957** that I last saw the deceased alive on **11/27, 1957**, and that death occurred at **9:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Martin H Meyer M.D.	23b. ADDRESS Koch Hoop.	23c. DATE SIGNED 11/28/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 11-29-57	REGISTRAR'S SIGNATURE Herbert R. Donke MO	25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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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 *W. J. O'Connell*.....
Licensed Embalmer No. *4202*
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.