

Health, Welfare
Public
Service

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3697
STATE FILE NUMBER
649

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP # 1		Length of stay in 1b 25	d. STREET ADDRESS (If outside, give location) 2470 2846 Magnolia		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SALOME Middle Last TOCHTROP			4. DATE OF DEATH Month JAN. Day 17, Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 14, 1893	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		9. AGE (In years last birthday) 64	11. BIRTHPLACE (City and state or country) Missouri
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Griesanauer		13b. MOTHER'S MAIDEN NAME Mary Hanke	
14. NAME OF HUSBAND OR WIFE Joseph Tochtrop		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. none	
17. INFORMANT Joseph Tochtrop		Address 2846 Magnolia		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Pulmonary Embolus with Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Calcific Aortic Stenosis DUE TO (c) Hypertensive Cardiovascular Disease	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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.) 443x			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 1/13/58 to 1/17/58 and last saw her alive on 1/17/58 Death occurred at 3:10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Claron M Bernstein MD		22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 1/17/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1-20-58		23c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. STATE Missouri		23f. COUNTY	
24. FUNERAL DIRECTOR Thomas Kutis		ADDRESS 2906 Gravois		25. DATE RECD. BY LOCAL REG. JAN 20 58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD					

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Leo J. Buddle

Licensed Embalmer No. 3989

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.