

FILED MAR 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012413

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2925

300
-57

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bel Nor</u> <u>4180</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		Length of stay in lb <u>6 days</u>	d. STREET ADDRESS (If outside, give location) <u>3042 Hatherly Dr.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELEANOR TOBERMAN</u>			4. DATE OF DEATH Month Day Year <u>March 11, 1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 18, 1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tent & Awning Co.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Figgemeier</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A. Hesse</u>	
14. NAME OF HUSBAND OR WIFE <u>Edward T. Toberman</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-07-4954</u>	
17. INFORMANT <u>Louise Ossie</u>		Address <u>9417 Everman Overland</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Cervix & Metastasis to Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>171X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>none</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>		COUNTY <u>Mo.</u>		STATE	
21. I attended the deceased from Death occurred at <u>1:15</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>Jan 1956</u> to <u>Mar. 11. 58</u> and last saw her alive on <u>Mar 10. 58</u> him			
22a. SIGNATURE <u>M. Staeche M.D.</u>		(Degree or title)		22b. ADDRESS <u>7124 Natural Bridge</u>	
22c. DATE SIGNED <u>Mar 11. 58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/14/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Pullen Kelly</u>		ADDRESS <u>7267 Natural Bridge</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 12 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *James A. Lammers*

Licensed Embalmer No. *4142*
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.