

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016552  
State File No. ....

FILED MAY 8 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0684

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

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, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>4 hours</u>		c. CITY OR TOWN <u>2919 Greer</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 Firmin Desloge</u>		e. STREET ADDRESS (If rural, give location) <u>101 St. Louis, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl Albert</u> b. (Middle) <u>Torloting</u> c. (Last) <u>Torloting</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 58</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 28, 1900</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Production Mgr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Peter Torloting</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Reno</u>		
14. NAME OF HUSBAND OR WIFE <u>Deceased Lillian E. Torloting</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO. <u>494-07-7962</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Hoffman</u>		ADDRESS <u>2919a Greer Ave.</u>				
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) <u>Cerebral Hemorrhage - massive</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>July 1954</u> , to <u>4/15</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4/29</u> , 19 <u>58</u> , and that death occurred at <u>11:30 A. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Voltergen</u> (Degree or title) <u>Mo. U.</u>		23b. ADDRESS <u>1303 So. Kingshighway</u>		23c. DATE SIGNED <u>4/29/58</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>MAY 1 '58</u>		REGISTRAR'S SIGNATURE <u>J. Call Smith Mo.</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stock Mortuary</u>		ADDRESS <u>2117 E. Grand Blvd.</u>				

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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 *Paul A. Wachtel*.....

Licensed Embalmer No. *4287*.....

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.