

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-034934

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2512

FILED OCT 6 1958

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1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clayton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Valley Park 4771</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County</b>		Length of stay in lb <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b>510 Yarnell Rd.</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Anna</b> Middle <b>Toboll</b> Last <b>Toboll</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>29</b> Year <b>1958</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 6 1878</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Month <b>2</b> Day <b>23</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and state or country) <b>Quincey, Ill.</b>	
		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Herman Kruse</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Charles</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Robert Toboll, 510 Yarnell Rd., Valley Pk.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Generalized Peritonitis</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Perforated Duodenal Ulcer</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>5411</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Acute Hepatitis; Acute Pulmonary Edema</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>		

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Clayton</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>
21. I attended the deceased from <b>9-18-58</b> to <b>9-29-58</b> and last saw her <sup>him</sup> alive on <b>9-29-58</b> Death occurred at <b>12:00 Noon</b> P on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <b>J. H. Garrison, Jr. M.D.</b> (Degree or title)	22b. ADDRESS <b>6015 S. Brentwood Clayton, Mo.</b>	22c. DATE SIGNED <b>9-30-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-1-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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24. FUNERAL DIRECTOR <b>L. H. Papp</b> ADDRESS <b>131 W. Grogan St. Kirksville, MO</b>	25. DATE RECD. BY LOCAL REG. <b>9-30-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Francis J. McLeod Jr* .....

Licensed Embalmer No. *4512* .....

P. O. Address *Richwood, Mo* .....

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.