Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC 19732575
SL 8641
REC'D APR 20 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015858
STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3361

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: 915 N GRAND ST LOUIS, MO. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETS ADMIN HOSPITAL — Length of stay in 1b: 37 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: GASCONADE
c. CITY OR TOWN: ROSEBUD — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ROUTE #1 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: JAMES — Middle: E. — Last: TOELKE

4. DATE OF DEATH: Month: APRIL — Day: 3 — Year: 1959

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] 0 DIVORCED [ ]

8. DATE OF BIRTH: 5/9/36

9. AGE (In years last birthday): 22 — 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): UNEMPLOYED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): GERALD, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ERVING TOELKE

13b. MOTHER'S MAIDEN NAME: EVELYN ROHLFING

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): YES — (If yes, give war or dates of service): KOREAN

16. SOCIAL SECURITY NO.: —

17. INFORMANT — Address: VA HOSP RECORDS 915 N GRAND ST LOUIS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) SUB-ARACHNOID HEMORRHAGE — 5 DAYS
DUE TO (c) BASILAR ANEURYSM — 3 ½ YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): — — — — 33CX

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 VA attended the deceased from 2/25/59, to 4/3/59 and last saw him alive on 4/3/59
Death occurred at 3:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W Yates Trotter Jr. M.D. — W. YATES TROTTER

22b. ADDRESS: VAH, ST LOUIS, MISSOURI

22c. DATE SIGNED: 4/3/59

23a. BURIAL, CREMATION, REMOVAL: BURIAL

23b. DATE: April 6 59

23c. NAME OF CEMETERY OR CREMATORY: Leslie M.E. Church

23d. LOCATION (City, town, or county) (State): Leslie Franklin Mo.

24. FUNERAL DIRECTOR — ADDRESS: Oltmann Funeral Home Union, Mo.

25. DATE REC'D BY LOCAL REG.: APR 4 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1959

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 ..... Signed ...Ralph Ottmann.....
Signature of Student Embalmer

Licensed Embalmer No...4808.....
P. O. Address...Union, 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.