

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-036675

FILED VS NOV 5 1959

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 151 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CRYSTAL CITY</u> Length of stay in lb c. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u> c. CITY OR TOWN <u>CRYSTAL CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>503 TAYLOR AVE.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPHINE REGINA TOKERST</u> 4. DATE OF DEATH Month Day Year <u>Oct. 25, 1959</u>				5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH <u>FEB. 16 1887</u> 9. AGE (last birthday) <u>72</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ZELL, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>			
13a. FATHER'S NAME <u>BENEDICT HUBER</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE AMBRUSTER</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH F TOKERST</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>NONE</u>		17. INFORMANT <u>JOSEPH F. TOKERST, CRYSTAL CITY, MO.</u> Address			
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>Arterio-sclerosis and Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>With Coronary Heart Disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <u>1959</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 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 _____		20g. COUNTY _____		20h. STATE _____			
21. I attended the deceased <u>March 16-1953</u> to <u>Oct 25-1959</u> and last saw her <u>Oct 25-1959</u> alive on <u>Oct 25-1959</u> Death occurred at <u>4:30 am Oct 25-1959</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <u>John Comnerford MD</u>				22a. ADDRESS <u>Crystal City Mo</u>			
22b. DATE SIGNED <u>Oct 26 1959</u>				22c. DATE SIGNED _____			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SACRED HEART</u>			
23d. LOCATION (City, town, or county) (State) <u>CRYSTAL CITY, MO.</u>		24. FUNERAL DIRECTOR <u>James R. Cady, Crystal City, Mo.</u> ADDRESS _____					
25. DATE RECD. BY LOCAL REG. <u>10-26-59</u>		26. REGISTRAR'S SIGNATURE <u>John G. Fisher</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 5 NOV SA

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 Richard Cady

Licensed Embalmer No. 4309

P. O. Address CRYSTAL CITY

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.