ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007233
STATE FILE NUMBER

AMENDED ✓

Registration District No. 347 Primary Registration District No. 544 Registrar's No. 450

FILED VS MAR 2 1961

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood, Mo. | Length of stay in 1b DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hosp. | Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St Louis
c. CITY OR TOWN Webster Groves, | Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 137 Kenilworth | Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Mary Middle A. Last Toner
4. DATE OF DEATH Month Feb. Day 12, Year 1961
5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 22, 1886
9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher
10b. KIND OF BUSINESS OR INDUSTRY Bd. of Education
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Wm. Toner
13b. MOTHER'S MAIDEN NAME Bridget Kelly
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. unk.
17. INFORMANT Mrs. Mary Northern Address

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) Arterio Sclerosis General — INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer Cecum — 2
DUE TO (c) Bronchial Pneumonia — 4 days
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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 attended the deceased from Jan 1 1951, to Feb 12-61 and last saw her/him alive on 2-12-61
Death occurred at 1015 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl C Leuck MD (Degree or title)
22b. ADDRESS 227 E. Lockwood Webster Groves Mo
22c. DATE SIGNED 2-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 2-15-61
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Southern Funeral Home ADDRESS 6322 S. Grand, St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. 2-14-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr. Irick.
227 E. Lookwood Blvd.
8 A.M. to 9A.M.

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 David Van Fass

Licensed Embalmer No. 4242-

P. O. Address St Louis 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.