

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

34977

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St Louis, Mo (No. 1525 South 3rd St) St. .... Ward)

File No. ....  
Registered No. 9951  
St. .... Ward)

**2. FULL NAME**

Arnold Floyd Tongay  
(a) Residence. No. 1525 South 3rd St 238 Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>X</u>	<u>10</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child.  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St Louis, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Julius F Tongay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathryn Klein

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

14. INFORMANT Arnold F Tongay  
(Address) 1525 South 3rd St

15. FILED OCT 10 1928 Manuel Starckoff REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1928, to Oct 8th 1928, and that I last saw him alive on Oct 25th 1928, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Exhaustion 2 1/2 hr  
188 ft 109  
115 ft  
(duration) yrs. mos. da.

CONTRIBUTORY Alcoholism in excess from a fall out of baby buggy accident  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) MORAN, M. D.

Oct 8th, 1928 (Address) McClellan Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem DATE OF BURIAL 10/10 1928

20. UNDERTAKER C. R. Lupton ADDRESS 4499 Olive St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

H 974  
2 pm hand