

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

13163

Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH

(a) County..... / Registration District No. **791**
 (b) Township..... / Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2601 N Whittier - Homer Phillips Hospital** st.
 life (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

3767

2. PRINT FULL NAME

Anita Toledo 430
 (a) Residence, No. **1509 1/4th Street** St. **26**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 15, 1938**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Paul Toledo**
 14. BIRTHPLACE (CITY OR TOWN) **Porto Rico**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Cruz Toledo**
 16. BIRTHPLACE (CITY OR TOWN) **Porto Rico**
 (STATE OR COUNTRY)

17. INFORMANT **Evalyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WASHINGTON** DATE **4/28 1938**

19. FUNERAL DIRECTOR **ELMER F. FLETCHER**
 (ADDRESS) **3030 BELL AVE.**

20. **APR 22 1938** 19 **J. F. Buechler** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 20**, 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **April 18**, 19 **38**, to **April 20**, 19 **38**

I last saw her alive on **April 20**, 19 **38**. Death is said to have occurred on the date stated above, at **9:58a** m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset **4/18/38**

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) **J. P. Howell**, M. D.
 (Address) **2601 N Whittier**

N. 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)