NOV 15 1938

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

Do not use this space. 33724

Registration District No. 791

Primary Registration District No. 1003

Registered No. 8710

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis Mo.

(d) Street No. BARNES HOSPITAL St.
(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.

2. PRINT FULL NAME 3111 Wade H. O'Toole

(a) Residence, No. 6941 Dale St. 4
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27th, 1895

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida

FATHER

13. NAME Unknown O'Toole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Margaret I. Rodgers
(ADDRESS) 6941 Dale Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Live Oak, Fla. DATE Oct. 5th, 1938

19. FUNERAL DIRECTOR (NAME) Drehmann Vanal
(ADDRESS) 1905 Union Blvd.

20. FILED OCT 5 1938 J. E. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1938, to 10-4, 1938

I last saw him alive on 10-4, 1938 Death is said to have occurred on the date stated above, at 10:45 a m.

The principal cause of death and related causes of importance were as follows:

Brain abscess (metastatic) caused by chr liver abscess 1255 — Date of onset 9-28-38

Other contributory causes of importance:

Liver abscess, chronic caused by subphrenic abscess which was caused by chr empyema (cause unknown) — 8-20-38

Name of operation Craniotomy Date of 10-4-38

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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? No

If so, specify

(Signed): Emmett B. Drescher, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Warren A. Carve

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.