DEC'B JAN 11 1939

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

41108
Do not use this space.

Registration District No. 1003 791
Primary Registration District No.
Registered No. 10800

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis (d) Street No. St. Anthony 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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 480 George Joseph Tolle
(a) Residence, No. 5933 Kingsbury Ave. St. 5
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17th. 1868

7. AGE: Years 70 | Months 0 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor Designer
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) (STATE OR COUNTRY) Ills.

FATHER
13. NAME Dont Know Tolle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Gertrude Hecke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary Tolle
(ADDRESS) 5933 Kingsbury Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Maus DATE 12-16-38 19

19. FUNERAL DIRECTOR (NAME) Provost Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED DEC 15 1938 J. B. Buchek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-14-38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938, to Dec. 14, 1938,
I last saw him alive on Dec. 14, 1938. Death is said to have occurred on the date stated above, at 12.55 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-10-38,

Other contributory causes of importance: General Arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Physical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. H. Powell, M. D.
(Address) 512 Beaumont Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

X14028

Removed
3720 Washington
1-4

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, ...

Robert L. Brinkman, or by .....,

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

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Bl.

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