REC'D MAY 10 1939

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

2

791

13215
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3557
(c) City St Louis (d) Street No. 4714 Lexington Ave 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 3UD Elizabeth O'Toole
(a) Residence, No. 4714 Lexington Ave St. 6
(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: Female
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 John O'Toole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23rd 1875

7. AGE: Years 63 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) St. Louis Missouri

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unhnown O

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John O'Toole 4714 Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's DATE April 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stroot - Carroll 4600 Natural Bridge Ave

20. FILED APR 17 1939 J. D. Bulick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/5/29, 19..., to 4/16/39, 19...
I last saw her alive on 4/16/39, 19... Death is said to have occurred on the date stated above, at 11.10p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arteriosclerosis.	about 10 years.
Coronary sclerosis.	
Myocarditis	
Mitral insufficiency.	
Chr. Cholecystis.	
Chr. Cholangitis.	

Other contributory causes of importance:
Angina pectoris died in the attack. 6 mo.

Name of operation None Date of --
What test confirmed diagnosis? History Clinical and Lab. Was there an autopsy?

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) Dr. Lukas Turnwood, M. D.
(Address) 3718 Jennings, Md.

(Licensed Embalmer's Statement on Reverse Side) 4/17/39

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.

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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 Frank H Stiers

Licensed Embalmer No. 2265

P. O. Address.....

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.