

MAY 10 1939

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

791

1003

13502

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 2
(b) Township St. Louis Primary Registration District No.
(c) City 3729 Humphrey (d) Street No. 3729 Humphrey 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.

Registered No. 38442. PRINT FULL NAME Emma Toussaint

(a) Residence, No. 3729 Humphrey St. 16 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1939	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 19</u> 19 <u>37</u> to <u>ap. 20</u> 19 <u>39</u> I last saw h. <u>in ap. 23</u> 19 <u>39</u> Death is said to have occurred on the date stated above, at <u>1.45</u> m. A.M. The principal cause of death and related causes of importance were as follows: <u>Oct 16 1937</u> <u>Arterio Sclerosis (Degenerative)</u> <u>Myocarditis</u> <u>Paralytic disease</u> Date of onset <u>3/14/39</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 5, 1873</u>	7. AGE YEARS <u>65</u>	MONTHS <u>.4</u>	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.	Other contributory causes of importance: <u>Paralytic disease</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. <u>Public school teacher</u>				Name of operation <u>School teacher</u> Date of <u>None</u>	
9. Industry or business in which work was done, as saw mill, bank, etc. <u>teacher</u>				What test confirmed diagnosis? <u>Left Phys.</u> Was there an autopsy? <u>No</u>		
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) <u>St. Louis Missouri</u>					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.	
FATHER	13. NAME <u>Charles Toussaint</u>				Manner of injury	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>					Nature of injury	
MOTHER	15. MAIDEN NAME <u>Caroline Sachtleben</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>					If so, specify <u>Left Phys.</u> (Address) <u>Metropolitan Bldg</u> , M. D.	
17. INFORMANT <u>Mrs. O. D. Schmidt</u> (ADDRESS) <u>3729 Humphrey</u>					20. FILED <u>APR 25 1939</u> <u>J. B. Buder</u> Local Registrar.	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>4/26/39</u>						
19. FUNERAL DIRECTOR (NAME) <u>J. L. Ziegenhein & Son</u> (ADDRESS) <u>7027 Gravois Avenue</u>						

(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.

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 Clarence P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937^a Grandis

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.