

Registration District No. 791  
Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 1005 **FILED FEB 17 1940**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
8220 N. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 yr. years, months or days

3. (a) PRINT FULL NAME Thomas B. Toney 550  
8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Iva Toney 6. (c) Age of husband or wife if alive 1841 years  
7. Birth date of deceased Dec. 24 (Month) (Day) (Year)

8. AGE: Years 88 Months — Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER:  
12. Name Point Dexter Toney  
13. Birthplace Kentucky (City, town, or county) (State or foreign country)  
14. Maiden name Amendie Newport  
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thomas E. Toney  
(b) Address 25 Wendenburg Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22 1940 (Month) (Day) (Year)  
Auburn Ill Cem.  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Diedrich E. Home  
(b) Address 8319 Halls Ferry Rd.

19. (a) JAN 21 1940 (Date received local registrar) (b) \_\_\_\_\_ (Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 8220 N. Broadway (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 18 year 1940 hour 5:40 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from 12/7/39 to January 18, 1940  
that I last saw him alive on 1/18/, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral Insufficiency Duration ?

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
28. Signature J. H. Chapin (M. D. or other) \_\_\_\_\_  
Address 8321 N. Broadway Date signed 1/20/40

COPYING BLACK INK—MAKE 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 *Arthur P. Dieckrich*

Licensed Embalmer No. *3556*

P. O. Address *St. Louis City*

**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.**