No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 20084

Registration District No. 7911

Primary Registration District No.

Registrar's No. 5032

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(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: 5606 Kennerly Ave 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 5 3

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. 5606 Kennerly Ave 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Louise Ida Toeniskoetter

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert A. Toeniskoetter

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased June (Month) 14th (Day) 1891 (Year)

8. AGE: Years 48 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife 6

11. Industry or business 6

FATHER
12. Name Frank Germann
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magadline Heilligenstein
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert A. Toeniskoetter
(b) Address 5606 Kennerly Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) JUN 8 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1940 hour 4 minute 10p M.

21. I hereby certify that I attended the deceased from Oct 28, 1938 to June 6, 1940 that I last saw her alive on May 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Adeno - carcinoma Breast Grade III	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

50

Major findings:
Of operations Adeno - carcinoma
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M.D. or other)
Address 3720 Washington Date signed 6-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

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.