

77020  
No. 2  
-11-10-39  
5-17-39  
I X21492

FILED SEP 25 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27305

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7201

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution City Hospital, #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether)

In this community, \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Oscar John Toerper 616

3. (b) If veteran, name war No.

8. (c) Social Security No. None.

4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown. 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Oct. 30th 1879.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 9 25 0 hr. 0 min.

9. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed.

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

MOTHER FATHER { 12. Name John J. Toerper. 6

13. Birthplace Germany. 6  
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Woerhrman.

15. Birthplace St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin C. Toerper

(b) Address 1022 Tillie Ave.

17. (a) Burial. (b) Date thereof 8-27-40.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus cem.

18. (a) Signature of funeral director W. Leidner and Co

(b) Address 2223 St. Louis Ave.

19. (a) AUG 26 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County \_\_\_\_\_

(c) City or town St. Louis. XX  
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 25,  
year 1940 hour 4:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from August 23, 19 40 to August 25, 19 40  
that I last saw him alive on August 25, 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute Aneurysm

Due to \_\_\_\_\_

Syphilis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 34

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) (c) Means of injury

23. Signature E. J. Green (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Ave. Date signed 8/26/40

---

---

**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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

**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.**