

ED JUL 13 1943 318

Registration District No.

Primary Registration District No.

1003

6086

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Fred Augustus Toomey

3. (b) If veteran, name war none 3. (c) Social Security No. 494-10-0728a

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

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

7. Birth date of deceased About 1868
(Month) (Day) (Year)

8. AGE: Years about 75 Months Days If less than one day hr. min.

9. Birthplace New York City, N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

12. Name John J. Toomey

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

14. Maiden name Unknown

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Walter J. Toomey

(b) Address Jerseyville, Ill.

17. (a) Burial (b) Date thereof 7-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand

19. (a) JUL 3 1943 (b) J. J. Predeck
(Data received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000/0
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 Hebert St.
(If rural, give location)
(e) Citizen of foreign country? 9 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2, year 1943 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from June 28, 1943 to July 2, 1943 that I last saw him alive on July 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerotic heart disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

Duration

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

23. Signature St. Stephens (M. D. or other) 7/2/43
Address 1515 Lafayette Avenue, Date signed _____

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

MOTHER FATHER

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 *P. G. Smithers*

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

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, fact should be so stated above.