

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

76  
8  
3

FILED NOV 13 1943

Registration District No. 317

Primary Registration District No. 3069

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Clayton Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Mary's Hospital  
(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

3. (a) PRINT FULL NAME Celia Luetta Tonis  
 (b) If veteran, name war no  
 (c) Social Security No. no

4. Sex female  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 (b) Name of husband or wife \_\_\_\_\_  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Feb. 18 1941  
(Month) (Day) (Year)

8. AGE: Years 2 Months 8 Days 16  
If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER {  
 12. Name Nathan S. Tonis  
 13. Birthplace Russia  
(City, town, or county) (State or foreign country)  
 14. Maiden name Gladys Wemenz  
 15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Gladys Tonis  
 (b) Address 2351 Parkridge Ave.  
 17. (a) burial (b) Date thereof Nov. 5 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Jay B. Smith  
 (b) Address 7456 Manchester Ave.

19. (a) NOV 6 - 1943 (b) E. G. Mc Gavran, Jr.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Brentwood  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2351 Parkridge Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3  
 year 1943 hour 2:10 A. minute M.

21. I hereby certify that I attended the deceased from Oct. 28, 1943 to Nov. 2, 1943  
 that I last saw her alive on Nov. 1, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Heart Disease  
Pulmonary Stenosis.

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

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 176  
 Of operations \_\_\_\_\_  
 Of autopsy: Confined - Examination of heart only

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) (a) Means of injury.

23. Signature Julius A. Rosen (M. D. or other) \_\_\_\_\_  
 Address 4142 W. 43rd Date signed 11/5/43

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 3454

....., Registered Apprentice No.....  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester  
Maplewood

**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.