

FILED SEP 8 1944

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

7371

Registration District No. \_\_\_\_\_

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

1003

Registrar's No. \_\_\_\_\_

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:  
5872 Maple Ave.  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5859 Maple Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles L. O'TOOLE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or Race W. 6. (a) Single, widowed, married, divorced S. O.  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan. 24th., 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
52 6 29 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Deputy Collector

11. Industry or business Internal Revenue Office

MOTHER FATHER { 12. Name William O'Toole  
 13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Lavin  
 15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Katherine O'Toole  
 (b) Address 5859 Maple Ave.

17. (a) Burial (b) Date thereof 8-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
 18. (a) Signature of funeral director Arthur J. Donnelly  
 (b) Address 3840 Lindell Blvd.

19. (a) AUG 25 1944 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23rd. year 1944 hour 11 minute 53 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death strangulation when he fell into a narrow alleyway  
Causing his head to be pressed against his chest by a concrete  
already along the wall  
Duquesne Presbyterian Church 5872  
in apt. live Aug 23 1944

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 1944  
 (b) Date of occurrence Aug 23 1944  
 (c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)  
 (e) Means of injury above

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
 195  
 110  
 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) Accident 1944  
 (b) Date of occurrence Aug 23 1944  
 (c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)  
 (e) Means of injury above

23. Signature Arthur J. Donnelly (M. D. or other) \_\_\_\_\_  
 Address 3840 Lindell Blvd. Date signed 8/24/44

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

1322

AUG 10 1945

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 W. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.