

DEPARTMENT OF COMMERCE, STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JUN 20 1946** STANDARD CERTIFICATE OF DEATH

21463

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

Registration District No. 371

Primary Registration District No. 6076

Registrar's No. 1225

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Since 5/25/46  
(Specify whether years, months or days)  
 In this community 9 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Michigan (b) County 994  
 (c) City or town Niles 20  
(If outside city or town limits, write "RURAL")  
 (d) Street No. None 0  
(If rural, give location)  
 (e) Citizen of foreign country? Unknown (Yes or No) 21  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** TONER, Irvin J.  
 3. (b) If veteran, name war World I 3. (c) Social Security No. 352059404

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Bertha Toner 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased July 16 1897  
(Month) (Day) (Year)

**8. AGE:** Years 48 Months 10 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cassopolis, Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

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

**MOTHER FATHER**  
 12. Name Hugh Toner  
 13. Birthplace Born aboard ship crossing Atlantic  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martha Youngblood  
 15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vat. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Removal (b) Date thereof June 4, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cassopolis, Michigan

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 6-5-46 (b) E. Mc...  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 3  
 year 1946 hour 4:35 minute A M.

21. I hereby certify that I attended the deceased from 5/25/46, 19\_\_\_\_, to 6/3/46, 19\_\_\_\_;  
 that I last saw h. im alive on June 6, 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions None  
(Include pregnancy within 3 months of death)

Duration UNK  
  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

Major findings: Of operations No Operation  
 Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) No  
 (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? Yes (Signature of physician) L. E. Stilwell, M.D.  
 Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 6/3/46

JUL 23 1945

AUG 1 1945

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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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S Broadway

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.