

S. No. 2
DM-5-42
v. 5-17-39
X32873

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2102

FILED AUG 27 1946

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hosp.
(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 Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3505 Victor St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1946 hour 11 minute 15P. M.
21. I hereby certify that I attended the deceased from July 3rd
1946 to Aug. 14th 1946
that I last saw him in alive on Aug. 14th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Hypertensive
Leukemia
Due to _____
Due to _____
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
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 J. F. Predest (M. D. or other) _____
Address 223 Bismarck Hwy Date signed 8/15/46

3. (a) PRINT FULL NAME Emil N. Tolkacz
3. (b) If veteran, name war --
3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Katherine 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Aug. 23 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 21 _____ hr. _____ min.

9. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)

10. Usual occupation President-Mo. Boiler & Sheet Iron Works

11. Industry or business _____

12. Name Marian Tolkacz
13. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)
14. Maiden name Amelia Eckard
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Walter A. Tolkacz
(b) Address 451 W. Jackson Rd. Web. Groves

17. (a) Cremation (b) Date thereof 8/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Heldrich
(b) Address 3634 Gravois Ave

19. (a) AUG 15 1946 (b) J. F. Predest
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Frank J. Dyland
Licensed Embalmer No. *2645*
P. O. Address..... *St. Louis*

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.