

No. 2  
-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

32282

State File No. ....

Registration District No. **318**

Primary Registration District No. ....

Registrar's No. **774E**

**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:  
**Jewish Hospital** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **2 weeks**  
(Specify whether years, months or days)

In this community..... **42 yrs**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Missouri** (b) County..... **oac**

(c) City or town..... **St. Louis** **5 17**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **1126a Maple Place** **9**  
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No) **0**  
If yes, name country.....

**3. (a) PRINT FULL NAME**..... **HARRY TODER**

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

**4. Sex**..... **male** **5. Color or race**..... **white**

**6. (a) Single, widowed, married, divorced**..... **married**

**6. (b) Name of husband or wife**..... **Ida Toder** **6. (c) Age of husband or wife if alive**..... **(unk)** years

**7. Birth date of deceased**..... **About 1881**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept.** day **6th**  
year **1946** hour **5:** minute **30 p.**M.

**21. I hereby certify that I attended the deceased from** **July 1** 19**46** **to** **Sept 6** 19**46**  
**that I last saw him alive on** **Sept 6** 19**46**  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death**  
**Terminal pneumonia & Cardiac failure**

**Due to**..... **H/O**

**Other conditions**..... **Adenocarcinoma of sigmoid & bladder - University of Missouri**

**Major findings of operations**..... **Primary in Sigmoid**

**Of autopsy**.....

**Duration**  
**2 days**  
**2 days**

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

**8. AGE:** Years **ab 65** Months Days If less than one day hr. min.

**9. Birthplace**..... **Russia** **6**  
(City, town, or county) (State or foreign country)

**10. Usual occupation**..... **Retired (Mfr)**

**11. Industry or business**..... **Ladies Dresses**

**12. Name**..... **(unk) Lyons**

**13. Birthplace**..... **Russia** **6**  
(City, town, or county) (State or foreign country)

**14. Maiden name**..... **(unknown)**

**15. Birthplace**..... **Russia** **6**  
(City, town, or county) (State or foreign country)

**16. (a) Informant**..... **Jack Toder**  
**(b) Address**..... **1126a Maple Place**

**17. (a) burial**..... **(b) Date thereof**..... **9/8/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation**..... **Beth Ham Hag**

**18. (a) Signature of funeral director**..... **Berger Memorial**  
**(b) Address**..... **4715 McPherson**

**19. (a) SEP 8 1946** **(b) J. J. Bredeck**  
(Date received local registrar) (Registrar's signature)

**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**..... **Jules Kapp** **(M. D. or other)** **M.D.**  
**Address**..... **4700 Olive** **Date signed**..... **9/7/46**

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

---

---

**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.....

*Arthur A. Anderson*

Licensed Embalmer No.....

*4529*

P. O. Address.....

**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.**