

S. No. 2
M-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

State File No. **7050**
1498
Registrar's No.

FILED FEB 24 1947
318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
2542 Belt 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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Mary Teresa Toomey**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased **March 31st 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 11 hr. min.

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

10. Usual occupation **Home**

11. Industry or business.....

MOTHER FATHER

12. Name **Edward Toomey**

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

14. Maiden name **Mary Byrne**

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

16. (a) Informant **Thomas E. Toomey**

(b) Address **2542 Belt Ave.**

17. (a) **Burial** (b) Date thereof **2-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **FEB 13 1947** (b) **J. F. Bredenk**
(Date received local registrar) (Registrar's signature)

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. **2542 Belt Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **12th**
year **1947** hour **5** minute **45** A.M.

21. I hereby certify that I attended the deceased from **February 9**
19**47**, to..... 19.....
that I last saw her alive on **February 9**, 19**47**,
and that death occurred on the date and hour stated above.

Immediate cause of death **angina pectoris** Duration.....

Due to **coronary sclerosis**

Due to **constitutional conditions**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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).....

(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 **J. Fizzari** (M. D. or other)

Address **1638 1/2 Blvd** Date signed **2-12-47**

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

16
11-11

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..... *Warren A. Carver* ..
Licensed Embalmer No. *3534* ..
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.