

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **36133**
Registrar's No. **9418**Registration District No. **318**Primary Registration District No. **1003**

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: DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 weeks
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Margaret L. O'Toole

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

4. Sex F. 5. Color or race W 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 October 23, 1871
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace..... (City, town, or county) (State or foreign country) Mo10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER
 12. Name Terrence O'Toole
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Barry
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah O'Toole(b) Address 1115 Bellevue17. (a) Burial (b) Date thereof 10-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd19. (a) Oct 11 1947 (b) J. F. Bradeck
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
 (c) City or town Richmond Heights
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1115 Bellevue Ave.
 (If rural, give location) NR
 (e) Citizen of foreign country?..... (Yes or No) 1
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1947 hour 12 minute 20 P. M.21. I hereby certify that I attended the deceased from Aug 1, 47
19 4 to Oct 10, 47
that I last saw him alive on Oct 10, 47
and that death occurred on the date and hour stated above.Duration
Immediate cause of death..... Coronary OcclusionDue to..... Coronary occlusionDue to..... Coronary occlusionOther conditions..... (Include pregnancy within 3 months of death) MIMajor findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... Means of injury.....

23. Signature J. F. Bradeck (M. D. or other) MDAddress Number 1115 Date signed 10/10/47

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 H Van Matre

Licensed Embalmer No. 2825 11

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.

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:

(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

3. (a) PRINT FULL NAME Margaret L. O'Leary
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Oct 23 1905
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 10 (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

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 _____ (M. D. or other) _____

Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

S-36133

1978-1979
-1978-1979