

FILED JUL 15 1948  
**318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1005**

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:  
**5208 Paulian Pl.**  
(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 **Jennie O'Toole**

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 **Married**

6. (b) Name of husband or wife **Michael** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **September 8, 1877**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **9** Days **21** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **At Home**

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

MOTHER FATHER { 12. Name **Thomas Daly**

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

14. Maiden name **Mary Bambrick**

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

16. (a) Informant **Kathryn O'Toole**

(b) Address **5208 Paulian Pl.**

17. (a) **Burial** (b) Date thereof **7-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **J. J. Stewart**

(b) Address **1225 Union Blvd.**

19. (a) **JUN 30 1948** (b) **J. F. Breder**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1000**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5208 Paulian Pl.** **9**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29**  
year **1948** hour **9** minute **A.** M.

21. I hereby certify that I attended the deceased from **May 17, 1948 to June 29, 1948**  
that I last saw **her** alive on **June 28, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **10 days**  
Due to **unknown**

Due to **17**  
Other conditions **Arteriosclerosis general**  
(Include pregnancy within 3 months of death)  
**Tuberculosis of Bone-Tibia**

Major findings: **Lungs not involved**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 \_\_\_\_\_  
Signature **Leggott** (M. D. or other) **MD**  
Address **607 N. Grand City** Date signed **6/26/48**

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..... *Elmer R. Padwell* .....

Licensed Embalmer No..... *4077* .....

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.**