

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10740  
State File No. 2827

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis MO</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>2117 Ofallon Street</i>	

3. NAME OF DECEASED (Type or Print) <i>Mary</i>	a. (First)	b. (Middle)	c. (Last) <i>Tolen</i>	4. DATE OF DEATH	(Month) <i>March</i>	(Day) <i>24</i>	(Year) <i>1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cold</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Not known about 57</i>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Forest City Ark 1</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Jim Wynn</i>	13b. MOTHER'S MAIDEN NAME <i>not known</i>	14. NAME OF HUSBAND OR WIFE <i>Widowed</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Bessie Tolens</i>	18. ADDRESS <i>2117 Ofallon St</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION <i>Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage; Hypertensive</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Renal Failure</i>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Undetermined</i>		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *3-18*, *1949*, to *3-24*, *1949*, that I last saw the deceased alive on *3-24*, *1949*, and that death occurred at *7:45 Pm.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Oscar L Daniels M. D.</i>	23b. ADDRESS <i>2601 N Whittier St</i>	23c. DATE SIGNED <i>3-25-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-30-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis MO County</i>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAR 29 1949</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>J. B. Lasater</i>	ADDRESS <i>W. L. Deal and Co 2726 Lucas Ave</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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