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

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32613

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2173

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R#3 Baden Station
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Larrimore Rd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R#3 Baden Station
d. STREET ADDRESS (If rural, give location) Larrimore Rd.,

3. NAME OF DECEASED (Type or Print)
a. (First) Mathilda
b. (Middle)
c. (Last) Toelle

4. DATE OF DEATH (Month) (Day) (Year) Sept 11th, 1949

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Mar 21st, 1862
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Columbia Bottoms, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Toelle
13b. MOTHER'S MAIDEN NAME Mary Allert
14. NAME OF HUSBAND OR WIFE Herman Toelle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Frank Toelle, R#3 Baden Station
ADDRESS

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis — 153X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 153X
20. AUTOPSY? YES ☐ NO ☑

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 3, 1949, *to* Sept. 11, 1949, *that I last saw the deceased alive on* Sept. 6, 1949, *and that death occurred at* 8:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE H. F. Bergman
(Degree or title) M.D.
23b. ADDRESS 3720 Washington
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 9/14/49
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis

DATE REC'D BY LOCAL REG. 9-12-49
REGISTRAR'S SIGNATURE Herbert R. Lemke
25. FUNERAL DIRECTOR'S SIGNATURE Diedrich F. Home
ADDRESS 8319 Hallsferry Rd

(Licensed Embalmer's Statement on Reverse Side)

?

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed J. Wm Dunkley

Licensed Embalmer No. 3653

P. O. Address St Louis, Mo

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.