

FILED DEC-14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39141**
Registrar's No. **10502**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 39141		Registrar's No. 10502							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) life			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 5859 Maple Ave.						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				d. STREET ADDRESS (If rural, give location) 5859 Maple Ave.											
3. NAME OF DECEASED (Type or Print) Thomas J. O'Toole			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1949			
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH April 29, 1901			9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months 7 Days 7		IF UNDER 2 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME William O'Toole				13b. MOTHER'S MAIDEN NAME Catherine Lavin				14. NAME OF HUSBAND OR WIFE Mrs. Mildred O'Toole							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes				16. SOCIAL SECURITY NO. World # 1				17. INFORMANT'S SIGNATURE OR NAME Miss Catherine O'Toole				ADDRESS 5859 Maple Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>															
MEDICAL CERTIFICATION															
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia															
INTERVAL BETWEEN ONSET AND DEATH 10 days															
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.															
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
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) 109									
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? 1400 X									
22. I hereby certify that I attended the deceased from 5-5 , 19 49 to 12-6 , 19 49 that I last saw the deceased alive on 12-5 , 19 49 and that death occurred at 4:15 P.M. , from the causes and on the date stated above.															
23a. SIGNATURE K. F. [Signature]				23b. ADDRESS 3720 Washington				23c. DATE SIGNED 12/6/49							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE Dec. 9, 1949			24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. DEC 6 1949			REGISTRAR'S SIGNATURE J. B. [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.						

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

MAR 31 1950

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 *Thomas R. Lewick*

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.