

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11401

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>738</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>N.Y.S.</u>					
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>RICHMOND HEIGHTS</u>		d. STREET ADDRESS (If rural, give location) <u>7420 WILLIAMS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7420 WILLIAMS</u>				d. STREET ADDRESS (If rural, give location) <u>7420 WILLIAMS</u>					
3. NAME OF DECEASED (Type or Print) <u>John W. Toedtli</u>			a. (First) <u>John</u>			b. (Middle) <u>W.</u>			
c. (Last) <u>Toedtli</u>			4. DATE OF DEATH <u>MARCH 20-50</u>		(Month) (Day) (Year)				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 12-1890</u>			
9. AGE (In years last birthday) <u>59 YRS</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>John Toedtli</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET KLACES</u>			14. NAME OF HUSBAND OR WIFE <u>ANNA TOEDTLI</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Toedtli</u>				ADDRESS <u>7420 Williams</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>							
		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 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)		21d. (STATE)			
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?					
22. I hereby certify that I attended the deceased from <u>Dec 1943</u> , to <u>3-20-1950</u> , that I last saw the deceased alive on <u>Feb 26, 1950</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl J. Perry M.D.</u> (Degree or title)				23b. ADDRESS <u>Kimball Bldg</u>		23c. DATE SIGNED <u>3-21-50</u>			
24a. BURIAL, CREMA TION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-21-50</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Doube, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schur</u>		ADDRESS <u>3125 Lafayette St St. Louis</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 7-300

10-48

1005

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Bollmer

Licensed Embalmer No.....

P. O. Address.....

Signed.....
Student Embalmer

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.