U.S. No. 300
Rev. 10.48

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

FILED NOV 8 1951

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 35690

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9498

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1529 Rear Franklin Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Madison 8120
d. STREET ADDRESS (If rural, give location) 715 Webster Street 8

**3. NAME OF DECEASED** (Type or Print)
a. (First) ABE
b. (Middle)
c. (Last) TONEY

**4. DATE OF DEATH** (Month) (Day) (Year) Oct. 26, 1951

**5. SEX** Male 2
**6. COLOR OR RACE** Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Divorced 2
**8. DATE OF BIRTH** Oct. 5, 1878
**9. AGE** (In years last birthday) 73 | 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) Retired Laborer
**10b. KIND OF BUSINESS OR INDUSTRY** at home
**11. BIRTHPLACE** (State or foreign country) New Madrid, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Isaac Toney
**13b. MOTHER'S MAIDEN NAME** Sidney Watson
**14. NAME OF HUSBAND OR WIFE** None

**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** Parthina Washington
**ADDRESS** 1529 Rear Franklin

**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) Bilateral Lobar Pneumonia — 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) (lower lobes)

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 ☑ 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?** 490 X

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 9:27 A m., from the causes and on the date stated above.*

**23a. SIGNATURE** [illegible] (Degree or title) Coroner
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 10/27/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal 2
**24b. DATE** Oct. 27, 1951
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State) East St. Louis, Illinois

**DATE REC'D BY LOCAL REG.** OCT 27 1951
**REGISTRAR'S SIGNATURE** J. Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Marshall Funeral Home
**ADDRESS** East St. Louis, Ill.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Thomas M. Watson

Signed.....
Student Embalmer

Licensed Embalmer No. 4479

P. O. Address East St. Louis, Illinois

**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.