

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39828**

FILED NOV 28 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8773**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 4860	
c. LENGTH OF STAY (in this place) 6 DAYS		d. STREET ADDRESS (If rural, give location) 4617 SEIBERT	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY'S Hosp.			
3. NAME OF DECEASED a. (First) JOHN b. (Middle) — c. (Last) TOMAN SR.		4. DATE OF DEATH (Month) (Day) (Year) OCT. 3 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15 1888
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CARPENTER	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME JOHN TOMAN		13b. MOTHER'S MAIDEN NAME Josephine BOSEK	
14. NAME OF HUSBAND OR WIFE HULDA TOMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME HULDA TOMAN		ADDRESS 4617 SEIBERT	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		General Carcinomatosis	
DUE TO (b)		Carcinoma of Stomach	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 15/1X	
22. I hereby certify that I attended the deceased from Sept 27, 1951 , to 10/3 , 1951, that I last saw the deceased alive on 10-2 , 1951, and that death occurred at 10 9 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. J. Pulliam MD		23b. ADDRESS 607 N. Grand	
23c. DATE SIGNED 10/4/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 6 1951	24c. NAME OF CEMETERY OR CREMATORY New ST. MARCUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
DATE REC'D BY LOCAL REG. OCT 4 1951		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Shaville	

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 E. Dill

Signed.....
Student: Embalmer

Licensed Embalmer No. 434701

P. O. Address 2906 Kansas

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.