

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3145

FILED JAN 26 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

0154

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 1944 Semple Ave. 20690	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Mary		b. (Middle)	
c. (Last) O'Toole		(Month) (Day) (Year) January 5, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
		Widowed	July 3, 1893
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days
60		6	2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country)	
Caterer St. Louis Board of Education		St. Louis	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME John Grady		13b. MOTHER'S MAIDEN NAME Mary McDonough	
14. NAME OF HUSBAND OR WIFE Thomas O'Toole			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NUMBER 488-30-9599	
(If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME Francis O'Toole	
		ADDRESS 926 Kentucky Ave.	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatosis, cause of</i> <i>Vremia</i> <i>1 site uncl.</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>(Carcinoma cells in sternal bone marrow)</i> 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2002			
22. I hereby certify that I attended the deceased from <u>12/31</u> , 19 <u>53</u> , to <u>1/5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1/5</u> , 19 <u>54</u> , and that death occurred at <u>1:15 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Robert Potaschuck MD.</i>		23b. ADDRESS <i>508 N. Grand Ave.</i>	
23c. DATE SIGNED <i>1-7-54</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/8/54	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. JAN 7 1954		REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i>	
FURNERAL DIRECTOR'S SIGNATURE <i>Wm. F. Stewart</i>		ADDRESS <i>1225 Union</i>	

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

Pa. Co. 1. Patah...  
1-4

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.....  
Signature of Student Embalmer

Signed *Melvin L. Kern*.....

Licensed Embalmer No. *462*.....

P. O. Address *3505-L*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*St. Louis*