

## STANDARD CERTIFICATE OF DEATH

State File No. **32460**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2247**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. CITY OR TOWN <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>11 days</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>		STREET ADDRESS (If rural, give location) <b>818 Cornell Ave.</b>	

3. NAME OF DECEASED a. (First) <b>Jesse</b>		b. (Middle)		c. (Last) <b>Toran</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 20 54</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 26 1891</b>	
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 24 HRS. Days <b>24</b>		IF UNDER 1 HR. Hours <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GARDENING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Abe Toran</b>		13b. MOTHER'S MAIDEN NAME <b>Mary UNK.</b>		14. NAME OF HUSBAND OR WIFE <b>Amanda Toran</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNK.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Amanda Toran 818 Cornell - Webster Groves</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Anaplastic Adeno-Carcinoma of Rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13+ mos from diagnosis</b>	
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 <b>Malignancy attached to bladder Sacrum &amp; with extensive nodes &amp; liver metastases</b>		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)		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 **9-9**, 19**54**, to **9-20**, 19**54**, that I last saw the deceased alive on **9-20**, 19**54**, and that death occurred at **10:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Jack L. Hagadorn M.D.</b>		23b. ADDRESS <b>601 So Brentwood</b>		23c. DATE SIGNED <b>9/20/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson</b>	
		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>9-23-54</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Donke M.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. RANDLE &amp; S SON 3133 Bell Ave.</b>	

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

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.....  
*S. J. Statham*

Licensed Embalmer No. *269*

P. O. Address *2769 Shaw*

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.