

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42892**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11047**

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) OR TOWN **ST. LOUIS** c. LENGTH OF STAY (in this place) **5 days** c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL** e. STREET ADDRESS (If rural, give location) **222 1519 Castle Lane**

3. NAME OF DECEASED (Type or Print) a. (First) **CHARLES** b. (Middle) **J.** c. (Last) **TOOHEY** 4. DATE OF DEATH (Month) (Day) (Year) **DECEMBER 3, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept. 2, 1883** 9. AGE (In years last birthday) **71** 10. MONTHS **7** 11. HOURS **0** 12. MIN. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Chauffeur** 10b. KIND OF BUSINESS OR INDUSTRY **Private home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael J. Toohey** 13b. MOTHER'S MAIDEN NAME **Abbie Gracie** 14. NAME OF HUSBAND OR WIFE **Stella M. Toohey**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) **yes W.W.#1** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Stella M. Toohey** ADDRESS **1519 Castle Lane**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic heart disease**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES 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. **Cerebrovascular occlusion**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4200**

22. I hereby certify that I attended the deceased from **11-29-54**, 19____, to **12-3-54**, 19____, that I last saw the deceased alive on **12-3-54**, 19____, and that death occurred at **12:06A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Robert E. Thomson M.D.** 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **12-3-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Dec. 6, 1954** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson Barracks, Mo.**

DATE REC'D BY LOCAL REG. **DEC 3 1954** REGISTRAR'S SIGNATURE **Paul Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **G. Hoffmeister E. & L. Co.** ADDRESS **7814 S. Bdwy.**

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 *Harry J. Schumacher*
Licensed Embalmer No. *267*

P. O. Address *7814 [unclear]*

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.