

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35229**
Registrar's No. **9101**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 21 3310 Lucas ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3310 Lucas ST.			

3. NAME OF DECEASED (Type or Print) GEORGE			4. DATE OF DEATH (Month) (Day) (Year) 10 17 55		
a. (First)		b. (Middle)		c. (Last) TOOMBBS	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 8, 1881	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL FOUNDRY		10b. KIND OF BUSINESS OR INDUSTRY LABORED NONE		11. BIRTHPLACE (State or foreign country) GA.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE Lillian Toombs		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
16. SOCIAL SECURITY NO. 492-20-3645		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Blairice Aminger 3310 Lucas 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		332 X		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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) (m.) _____		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 **July 1952** to **Oct 17, 1955**, that I last saw the deceased alive on **10-15, 1955**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R.E. Smith (Degree or title) MD.		23b. ADDRESS 110 N. Jefferson		23c. DATE SIGNED 10-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-22-55		24c. NAME OF CEMETERY OR CREMATORY OAKDALE CEMETARY	
24d. LOCATION (City, town, or county) (State) LEMAY MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCLAINS FUNERAL 1706 N. SARAH ST.			

DATE REC'D BY LOCAL REG. OCT 19 1955		REGISTRAR'S SIGNATURE J. Earl Smith MD.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCLAINS FUNERAL 1706 N. SARAH ST.	
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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
Student Embalmer

Signed Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Eastern

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.