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FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38971

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10190**

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>2 weeks</b>	c. CITY OR TOWN <b>St. Louis</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>Desloge Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>17 4175<sup>th</sup> De Fonteyne</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillian</b> b. (Middle) <b>Toomey</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>11/20/55</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>8/12/1898</b>
9. AGE (In years last birthday) <b>57</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>telephone operator</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>
13. FATHER'S NAME <b>William Toomey</b>		14. NAME OF HUSBAND OR WIFE	
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>488-03-6805</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. P. DiGiovanni</b>		ADDRESS <b>7434 Cheshire Lane</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 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 Months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis of Right Renal Artery</b>		DUE TO (c)		Uncertain	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Generalized arteriosclerosis</b>		<b>454X</b>		Uncertain	

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>444</b>	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)	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 24, 1955**, to **November 20, 1955**, that I last saw the deceased alive on **11/20/55**, and that death occurred at **9:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. O. Brown M.D.</b>		23b. ADDRESS <b>1325 So. Grand Blvd., St. Louis 4 Mo.</b>		23c. DATE SIGNED <b>11/22/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/23/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 22 1955</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Wm. A. Howard</b>		ADDRESS <b>1619 So. Grand</b>	

S.P. (Licensed Embalmer's Statement on Reverse Side)

**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 *J. W. B. Embury*.....  
Licensed Embalmer No. *365*.....  
P. O. Address *St. Louis*.....

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.