

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18775**  
Registrar's No. **4579**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. <b>18775</b>	
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in this place)		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>2950 MICHIGAN</b>				e. STREET ADDRESS (If rural, give location) <b>16<sup>th</sup> 2950 MICHIGAN 2169</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>SOPHIA</b>		b. (Middle) <b>A. TOCHTROP</b>		c. (Last) <b>TOCHTROP</b>	
4. DATE OF DEATH		(Month) <b>MAY</b>		(Day) <b>9</b>		(Year) <b>1956</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>APRIL 23 1888</b>	
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>GEORGE ECK</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA BECK</b>		14. NAME OF HUSBAND OR WIFE <b>LEO A. TOCHTROP</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LEO A. TOCHTROP 2950 MICHIGAN</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Distention</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>					<b>5 days</b>
		DUE TO (c) <b>Malignant Hypertension</b>					<b>16 mos.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Ch. Myocarditis</b>					<b>15 mos.</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		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 <b>Jan 12, 1950</b> , to <b>May 9, 1956</b> , that I last saw the deceased alive on <b>May 9, 1956</b> , and that death occurred at <b>11:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Jno C. Doubek</b>		(Degree or title)		23b. ADDRESS <b>7767 Georgia Ave</b>		23c. DATE SIGNED <b>May 11-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 12 1956</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>MAY 11 1956</b>		REGISTRAR'S SIGNATURE <b>Paul Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Lutes 2906 Georgia</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 *Lowell C. Hill* .....

Licensed Embalmer No. *436* .....

P. O. Address *2902 Du* .....

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.