

FILED APR 27 1955

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2791**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Webster Groves	
c. LENGTH OF STAY (In this place)		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital		e. STREET ADDRESS 360 Larkhill Court	

3. NAME OF DECEASED a. (First) Frederick b. (Middle) W. c. (Last) Toelle.		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 28, 1916
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Commercial Artist	11. BIRTHPLACE (City and State or Foreign Country) Peducah, Kentucky.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Gardner Adv Co.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry C. Toelle.	13b. MOTHER'S MAIDEN NAME unk	14. NAME OF HUSBAND OR WIFE Elaine Niehaus Toelle.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. W.W.11	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elaine N. Toelle; Webster Groves,

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF KIDNEY RT		
	c. REGIONAL, HEPATIC & PERICARDIAL METASTASIS.		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 1-17-55	19b. MAJOR FINDINGS OF OPERATION PAPILLARY CLEAR CELL CARCINOMA RT RENAL AREA REGIONAL & METASTASIS + INVOLVEMENT OF DUODENUM.	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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 180X

22. I hereby certify that I attended the deceased from **November 20, 1954**, to **March 27, 1955**, that I last saw the deceased alive on **MARCH 27, 1955**, and that death occurred at **4:00 AM.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Lupton M.D.	(Degree or title)	23b. ADDRESS 2638 S. Grand Blvd	23c. DATE SIGNED 3/28/55
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 3/30/1955	24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. MAR 28 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons;	ADDRESS 7233 Delmar Blvd.,
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(Licensed Embalmer's Statement on Reverse Side)

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

9561 0 8 NDR

MAY 20 1955

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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 *Arnold W. Schoen*
.....

Licensed Embalmer No. 38
P. O. Address *St. Louis*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.