

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36462**

FILED NOV 7 - 1956

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>531</b>		Registrar's No. <b>2485</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>St. Louis</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY OR TOWN <b>University City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7290 Princeton Ave.</b>				d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. STREET ADDRESS (If rural, give location)	
a. (First) <b>John</b>		b. (Middle) <b>J.</b>		c. (Last) <b>O'Toole</b>		(Month) (Day) (Year) <b>Oct. 21, 1956</b>	
6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>		8. DATE OF BIRTH <b>June 16, 1890</b>		9. AGE (In years, last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min. <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Vice-Pres. F.D. Hirschberg Ins. Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Michael J. O'Toole</b>			13b. MOTHER'S MAIDEN NAME <b>Mary McNeary</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lorriane O'Toole</b>		
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>488-05-0795</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lorriane O'Toole, 7290 Princeton Ave.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung, bronchogenic</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <b>art. sclerotic heart dis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 mo</b>  <b>4 mo</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>162X</b>				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 <b>2-23, 1954</b> , to <b>10-21, 1956</b> , that I last saw the deceased alive on <b>10-20, 1956</b> , and that death occurred at <b>4:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wayne O. Zorka, M.D.</b>				23b. ADDRESS <b>2739 No Grand</b>		23c. DATE SIGNED <b>10-22-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Oct. 24, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>10-22-56</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donker</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

APR 8 1957  
DEC 5 1956

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  .....

Licensed Embalmer No. 467

P. O. Address: 3840

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.