

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25465

FILED AUG 1 - 1956

State File No. \_\_\_\_\_  
Registrar's No. 1061

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 544		Registrar's No. 1061	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>				12. USUAL RESIDENCE (Where deceased lived.) If institution: Residence (before institution) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY OR TOWN <b>KIRKWOOD Mo</b>		c. LENGTH OF STAY (in this place) <b>6 mos.</b>		c. CITY OR TOWN <b>KIRKWOOD</b>		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 <b>525 COUCH</b>				e. STREET ADDRESS (If rural, give location) <b>525 COUCH</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>RT. REV. MNSGR. ANDREW H. TOEBBEN</b>			b. (Middle)			c. (Last)	
4. DATE OF DEATH <b>JULY 20 1956</b>				5. SEX <b>MALE</b>			
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>APR. 23 1888</b>		9. AGE (in years last birthday) <b>68</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRIEST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Religion</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 TOEBBEN</b>		13b. MOTHER'S MAIDEN NAME <b>HELEN OPPERMANN</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MARY SCHAECKER</b>		ADDRESS <b>525 COUCH</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis eye previously</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>5 min</b>	
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) (Min.)	
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>Mar</b> , 1955, to <b>July 20</b> 1956 that I last saw the deceased alive on <b>July 19</b> , 1956 and that death occurred at <b>7:35 am</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Lloyd S. Polyzs M.D.</b>				23b. ADDRESS <b>109 N. Taylor, Kirkwood 23 Mo</b>		23c. DATE SIGNED <b>July 23 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 24 1956</b>		24c. NAME OF CEMETERY OR CREMATOR <b>RESURRECTION CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-23-56</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Dombard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutas 2906 Beavria</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

109 N Graylock (RIRK)  
2-5 Broadway

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 .....

*James C. De...*

Licensed Embalmer No. 434

P. O. Address 2906 St...

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.