

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

AUG 25 1936

223373

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township Carroll Primary Registration District No. 6248B Registered No. 275
 City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME Leland C. TOBIAS

(a) Residence, No. R. R. #3, St. _____ Ward. Hillsboro, Illinois
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Helen Tobias		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1893		
7. AGE	YEARS	MONTHS
	42	11
		DAYS
		15
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable	
	10. Date deceased last worked at this occupation (month and year) Unavailable	11. Total time (years) spent in this occupation Unav.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14**, 19 **36**

22. I HEREBY CERTIFY, That I attended deceased from **May 12**, 19**36**, to **July 14**, 19**36**

I last saw h. **im** alive on **July 14**, 19**36** Death is said to have occurred on the date stated above, at **4:50 p. m.**
 The principal cause of death and related causes of importance were as follows:

Hemorrhage due to self inflicted wound through anterior neck structure

Date of onset
7-14-36

Other contributory causes of importance:
Chronic Myocarditis (decompensated) unknown
Aortic Insufficiency unknown

Name of organ: **None**
 What test confirmed diagnosis? **None** Laboratory Was there an autopsy? **YES**

23. If death was due to external cause (violence), also the following:
 Accident, suicide, or homicide? _____ Date of Injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

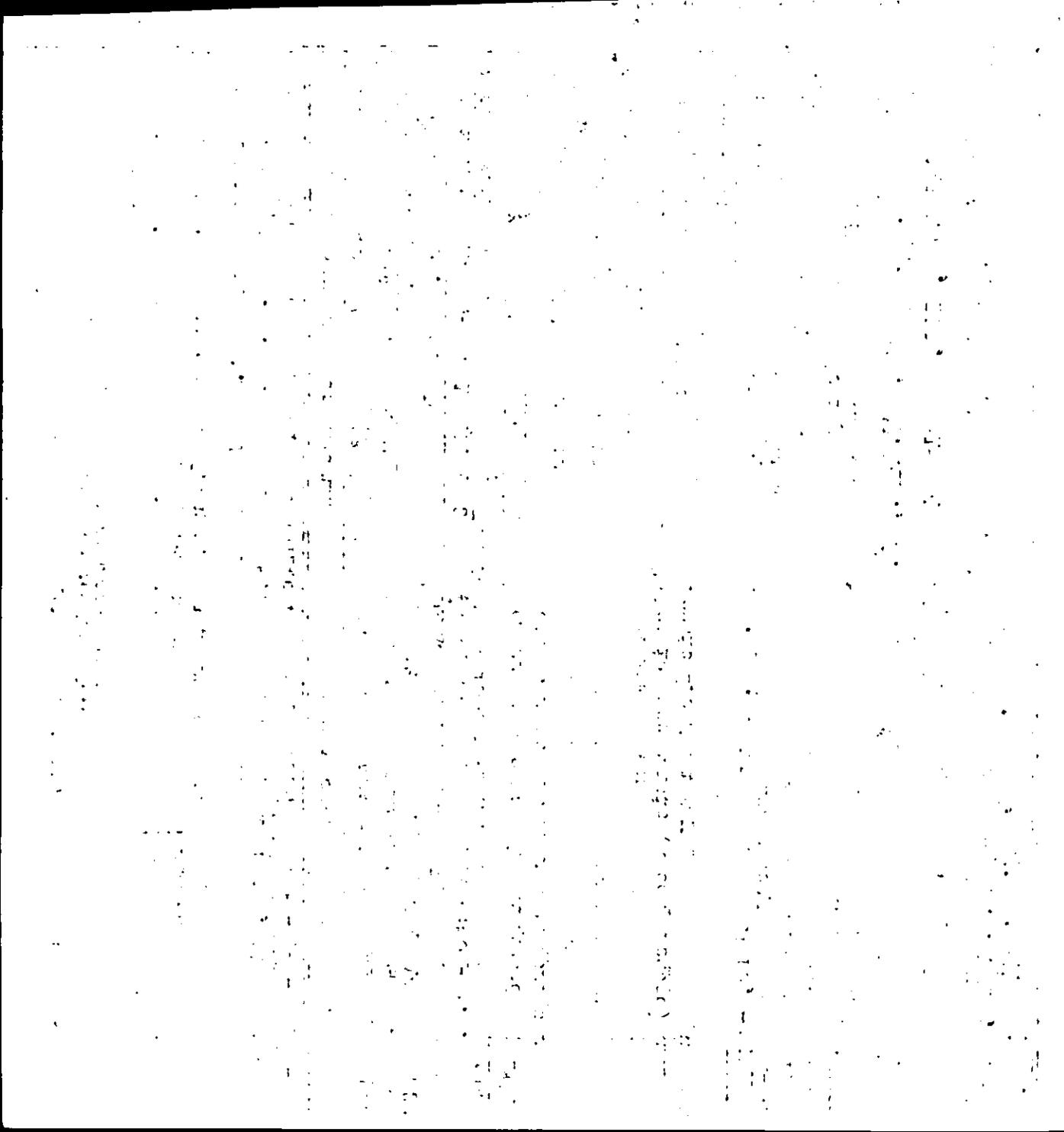
Specify whether injury occurred in industry, home, or public place.
 Manner of injury _____
 Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) **C. W. HUGHES**, M. D.
 Chief Med. Officer, Vet. Adm. Facility,
 (Address) **Jefferson Barracks, Mo.**

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irving Illinois
	13. NAME Charles Tobias
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Illinois
	15. MAIDEN NAME Eva Wiley
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Irving Illinois
	17. INFORMANT M. Schellig, Clinical Clerk (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.
	18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro, Ill. DATE July 14 , 19 36
	19. UNDERTAKER C. Hoffmeister Und. & Livery Co. (ADDRESS) 7814 So. B'way, St. Louis, Mo.
	20. FILED July 14, 1936 J. Mowbray Registrar

CAUSE OF DEATH in plain terms, so that it may be properly



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1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Jefferson Barracks

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 270
St. _____ Ward _____

2. FULL NAME

Leland C. Tobias

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 42 MONTHS 11 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED July 14, 1936 St. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Emphysema due to self-inflicted wound through anterior neck structure

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury July 1, 1936

Where did injury occur? Veterans Admin. Facility Jefferson Barracks Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. (apparently) In Hospital

Manner of injury Used safety razor - slashed

Nature of injury Wound thru anterior neck structure

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. W. Hughes M.D. (Address) Vet. admin. Fac. Jefferson Barracks

SUPERVISOR

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