

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8688
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital 791
 (a) County / Registration District No.
 (b) Township / Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 2601 N. Whittier St.
 Life (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Tobin 150
 (a) Residence, No. 1016 R Franklin St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE C
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 -- --

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
 9. Industry or business in which work was done, as 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) St. Louis
 (STATE OR COUNTRY) Missouri 0

FATHER
 13. NAME Sam Tobin
 14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Eliza Lee
 16. BIRTHPLACE (CITY OR TOWN) Georgia
 (STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Friendens DATE Mar, 8 1938

19. FUNERAL DIRECTOR J. H. Harrison
 (ADDRESS) 2906 Layton Bldg

20. FILER J. B. Budeck
Local Registrar
Mar 7 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5 1938

22. I HEREBY CERTIFY, That I attended deceased from
Dec. 26, 1937, to March 5, 1938

I last saw him alive on March 5, 1938. Death is said
 to have occurred on the date stated above, at 1:05a m.

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

Neurosyphilis

Date of onset
12/26/37

Other contributory causes of importance:

Diabetes mellitus

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in 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, in home, or in public place.

Manner of injury

Nature of injury 1

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

If so, specify

(Signed) A. S. Lewis, M. D.

(Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, Jas H Harrison, Licensed Embalmer No. 760
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Jas H Harrison
Licensed Embalmer No. 760

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.)