N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 12 1939

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

16564
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4098

1. PLACE OF DEATH
(a) County
(b) Township
(c) City or Town: St. Louis
(d) Street No. City Hospital No. 1 St.
(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.

E 1279 100

2. PRINT FULL NAME Nellie Tobey
(a) Residence, No. 2647 Arsenal St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: George Tobey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 1, 1892

7. AGE: Years 46 | Months 3 | Days 0 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: hwk
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): St. Louis, Missouir

FATHER
13. NAME: Pete Dausch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

MOTHER
15. MAIDEN NAME: Margaret Danforth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE N. St. Marcus DATE 4-4 1939

19. FUNERAL DIRECTOR (NAME) Witt Bro. & Co.
(ADDRESS) 2929 S. Jefferson Av.

20. FILED MAY 8 1939 J. F. Budde Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/1/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/28/39 to 5/1/39, 19
I last saw her alive on 5/1/39, 19. Death is said to have occurred on the date stated above, at 1.45 p m.
The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease & Rt. & Lt. heart failure

Date of onset

Other contributory causes of importance:
Bronchopneumonia.

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? 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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Jos. L. Lucido, M. D.
(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin Registered Apprentice No. working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 9472

P. O. Address 8998 S. Jeff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.