

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.

JAN 12 1940

State File No. _____
Registrar's No. **10858**

Registration District No. 5000 Primary Registration District No. _____

1. PLACE OF DEATH: **1002**
(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3614 Russell Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Jenny Lind James Tobin 150

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W.

6. (b) Name of husband or wife John D. Tobin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 16th. 1850
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>89</u>	<u>4</u>	<u>3</u>	hr. _____ min.

9. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Judge Samuel James

18. Birthplace Florissant Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Robertson
(City, town, or county) (State or foreign country)

15. Birthplace Richmond Va.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Thomas Carter

(b) Address 3614 Russell Blvd.

17. (a) Burial (b) Date thereof 12-21-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director or Arthur J. Donnelly

(b) Address 3840 Linnell Blvd.

19. (a) DEC 20 1939 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3614 Russell Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th.
year 1939 hour 7 minute 20 a. M.

21. I hereby certify that I attended the deceased from August 1
1939, to Dec 18, 1939;
that I last saw her alive on Dec 18, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - Sarcoma
Cervical Lymphoma
4 days

Due to Cancer - Sarcoma Cervical Lymphoma
Sarcoma -
4 days

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration
10 years
4 days
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) Means of injury _____

While at work? _____ (Specify type of place)

23. Signature Fred S. Pannisi (M. D. or other) MD

Address 7602 So. Parkway Date signed 12-19-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W H Van Metre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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