

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 895

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edward Tobin
8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Tobin 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July 19 1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Building Contractor

11. Industry or business Building Contractor

MOTHER FATHER
12. Name Patrick Tobin
18. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Katherine Cummings (City, town, or county) (State or foreign country)
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Tobin

(b) Address 1341 Highland Terrace

17. (a) Burial (b) Date thereof May 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 6029 Lafayette Ave

19. (a) MAY 8 1940 (b) P. M. Brassard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1341 Highland Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day May
year 1940 hour 7:05 minute P. M.

21. I hereby certify that I attended the deceased from Jan 20 1940 to May 7 1940
that I last saw him alive on May 6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 3 mo
Due to arteriosclerosis

Due to 946
Other conditions -
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: -
Of operations -
Of autopsy -
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? -

While at work? - (Specify type of place) (e) Means of injury -

23. Signature P. M. Brassard (M. D. or other)

Address 350 Cambridge Mpls Date signed 5-8-40

M. P. W. Co. Inc.
300 Commercial
71-0890
1 and 2
W. S. L. W. W.

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 Francis J. Swann

Licensed Embalmer No. 2445

P. O. Address Solomon, Mo.

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.