. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5049

Registrar's No. 1238

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: #5 Kingsbury Place
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. #5 Kingsbury Place
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary C. Tobin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Thomas Tobin

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 8th., 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	11	0	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Edw. C. Cluney
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mr. John C. Tobin
(b) Address #5 Kingsbury Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) FEB 9 1942 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th., year 1942 hour 6 minute a. M.

21. I hereby certify that I attended the deceased from Jan 5, 1942, to Feb 8, 1942 that I last saw h alive on Feb. 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to Hypertension

Due to

Other conditions Old age. 93
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy — 93

Duration

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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature C. H. Nelson (M. D. or other)

Address Humboldt Bldg Date signed 2/9/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. H. Neilson
Humboldt Blvd. Je. 0251

1 Pm 4

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 Matre

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, fact should be so stated above.