

FILED MAR 15 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4970a Northland Ave., /
(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) PRINTED FULL NAME **Elizabeth A. Tobin.**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife **Wm. J. Tobin** 6. (c) Age of husband or wife if alive, years **1868**

7. Birth date of deceased **June 28th**
(Month) (Day) (Year)

8. AGE: Years **74** Months **8** Days **5** If less than one day.....
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **David Rieley**
 13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
 14. Maiden name **Elizabeth Ryan**
 15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Catherine Tobin**
 (b) Address **4970a Northland Ave.**

17. (a) **Burial** (b) Date thereof **3-5-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Brothers**

(b) Address **2849 No. Euclid**

19. (a) **MAR 2 1943** (b) **J. F. Prodeak**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **96**
 (d) Street No. **4970a Northland**
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **3rd**
 year **1943** hour **12** minute **40** A. M.

21. I hereby certify that I attended the deceased from **July, 17, 1942** to **March 3, 1943**
 that I last saw her alive on **March 2, 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Atelation of the myocardium**

Due to **Edema of lungs**
Nephritis, chronic
 Due to **Uremia, Hypertension**
Senility
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **131**
 Of operations.....
 Of autopsy.....

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?.....

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

23. Signature **J. P. Murphy** (M. D. optional)
 Address **2696 S. Kingshighway** Date signed **3/3/43**

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

Dr. Murphy

Kingshighway & Northland

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 Albert Mayfield.....

Licensed Embalmer No. 3077.....

P. O. Address.....

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.