

FILED MAR 10 1943

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 1870

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
De Paul Hospital  
(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 Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 76  
(d) Street No. 4970a Northland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Marie E. 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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 22nd 1895  
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Schoolteacher

11. Industry or business \_\_\_\_\_

12. Name Wm. J. Tobin  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Riley  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Tobin  
(b) Address 4970a Northland

17. (a) burial (b) Date thereof 2-26-43  
(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 W. Euclid Ave.

19. (a) FEB 25 1943 (Date received local registrar) J. F. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1943 hour 2:00 minute 10 P.M.

21. I hereby certify that I attended the deceased from Feb. 19 - 1943 to Feb. 23 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Lobar

Due to Following in Attack of Bronchitis + Croup  
due to other complications: Myocardial Hypertrophy + Hypertension

Other conditions hypertension, Catarrhal  
(Include pregnancy within 6 months of death) mitral insufficiency  
Major findings: acidosis

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 B. J. Murphy (M. D. or other) \_\_\_\_\_  
Date signed \_\_\_\_\_

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

MOTHER FATHER

844

2-24-43

Mr. Murphy  
Knox County, Tenn.

**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.**