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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26207

FILED JUL 31 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1688

96
0
0

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution JEWISH SANATORIUM 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs (Specify whether
In this community 54 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 0

(c) City or town St. Louis St. Ferdinand 0
(If outside city or town limits write "RURAL")

(d) Street No. 3652 S. Jefferson
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Leon Tobias

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab 79 | Months | Days | If less than one day hr. min.

9. Birthplace Alabama (City, town, or county) 1 (State or foreign country)

10. Usual occupation Retired 20 yrs more or less

11. Industry or business TAR ROOFER

FATHER
12. Name Theodore Tobias
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Fanny Bolcher
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant H. I. Berger
(b) Address 4715 McPherson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/23/43 (Month) (Day) (Year)
(c) Place: burial or cremation New Mt. Sinai

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) JUL 24 1943 (Date received local registrar) (b) C. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1943 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 27, 1939, to July 22, 1943;
that I last saw him alive on July 22, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93d	

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 [signature] (M. D. or other)
Address JEWISH SANATORIUM Date signed 7/24/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1597

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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