

FILED JUN 6 1946 **STANDARD CERTIFICATE OF DEATH** **1003**

State File No. _____

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **4674**

1. PLACE OF DEATH:

(a) County _____
(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:
McMillan 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)

3. (a) PRINT FULL NAME Jules T. Tobian

3. (b) If veteran, name war 1st World War 3. (c) Social Security No. 494-07-6164

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

6. (b) Name of husband or wife Mary L. Scherer 6. (c) Age of husband or wife if alive abt 40 years

7. Birth date of deceased August 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days — If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Printing

12. Name Isaacs Tobian

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Hesse Cournous

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie Scherier

(b) Address Park Plaza Hotel

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Dallas Texas

18. (a) Signature of funeral director Mayer

(b) Address 4356 Lindell Blvd

19. (a) MAY 24 1946 (b) J. J. Brodeur
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999
(c) City or town Dallas
(If outside city or town limits, write "RURAL")
(d) Street No. 2310 S. Boulevard
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Stroke of brain when deceased
dropped from the stove
while in the kitchen
Johnson Institute 640 S
May 23 1946 at about
Other conditions 2.20 P.M.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 16H

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Murder
(b) Date of occurrence May 23 1946
(c) Where did injury occur? at home
(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) hospital
While at work? _____ (e) Means of injury falling

23. Signature Robert E. Taylor (If not, or other)
Address 13 E Date signed 5/24/46

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

18979

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. Wilkins

Licensed Embalmer No. 3575

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.