. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7124 2149
Primary Registration District No. 1003
Registrar's No.

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12yrs.11mos.27ds. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY TOBIN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
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 1891 (Month) (Day) (Year)

8. AGE: Years abt- 57 | Months ? | Days ? | If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation nil
11. Industry or business
FATHER
12. Name Edward Tobin
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Farrell
15. Birthplace Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant J. Ziegler
(b) Address 5400 Arsenal St.
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 3-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ CALVARY CEM.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) MAR 2 1948 (Date received local registrar) (b) J. F. Breeden (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 1 year 1948 hour 4.30 minute A M.
21. I hereby certify that I attended the deceased from 12/1 1947, to March 1 1948, that I last saw her alive on March 1 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Large Bowel Obstruction (Sigmoid)	5das.
xxxx Volvulus of Sigmoid	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause of 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 Walker M. Turner (M. D. or other) M.D.
Address 5400 Arsenal Date signed 1 Mar 48

Jefferson City Printing Co.
(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.....J Allen Davis Jr.....

Licensed Embalmer No.....4057.....

P. O. Address.....St Louis.....

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.