No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 319

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35227

Registrar's No. 2184

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Vincent Sanitarium
(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 Mo (b) County St Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. St. Vincent Sanitarium
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Sister Loretto Tobin
3. (b) If veteran, name war No
3. (c) Social Security No. 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 Dec (Month) 25 (Day) 1877 (Year)

8. AGE: Years 70 Months 8 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace San Francisco (City, town, or county) Cal (State or foreign country)
10. Usual occupation Religious
11. Industry or business Daughters of Charity
FATHER
12. Name Wm Tobin
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Bridget O'Mara
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Sister Vincent
(b) Address St Vincent Sanitarium
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20 48 (Month) (Day) (Year)
(c) Place: burial or cremation Marillac Cemetery
18. (a) Signature of funeral director Cutler Kelly
(b) Address 7267 Mat Bridge
19. (a) 9-20-48 (Date received local registrar) (b) Social Security No. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Sept 11, 1948, to Sept 18, 1948
that I last saw her alive on Sept 18, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death terminal Bronchopneumonia	48 hrs
Due to Cerebral Thrombosis (Rt. hemiplegia)	5 days
Due to Hypertension Arteriosclerosis, generalized	UK
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 83	
Of autopsy —	

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) No
(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 S R Banet (M. D. or other) MD
Address 7301 St. Charles Rk Rd Date signed 9/18/48

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 James G. Lammers

Licensed Embalmer No. 4142

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.