

U.S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 2548 Hebert St. Memorial 20
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Claude R. Tobin
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16th year 1948 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from 7/8/48 to Nov. 16th, 1948 that I last saw him alive on Nov. 16th, 1948 and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased September 9 1900 (Month) (Day) (Year)

Immediate cause of death Coronary artery disease
Due to
Other conditions Emphysema of lungs
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years 48 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Owner Tavern

11. Industry or business
12. Name Thomas W. Tobin
13. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary A. Aubuchon
15. Birthplace Florissant Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Tobin
(b) Address 2548 Hebert St.

17. (a) Burial (b) Date thereof 11-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) Date received local registrar NOV 17 1948 (b) J. B. Lester (Registrar's signature)

Major findings:
Of operations
Of autopsy Same as above

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) (c) Means of injury
23. Signature J. B. Lester 1515 Lafayette 11/18/48 (her) (Address) (Date signed)

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

MOTHER FATHER

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

Robert M. Murray

Licensed Embalmer No.

3749

P. O. Address

St. Louis, Mo

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.