

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39827

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10000**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-226 Woodbourne Dr.		d. STREET ADDRESS (If rural, give location) 226 Woodbourne Drive	

3. NAME OF DECEASED (Type or Print) a. (First) MARVIN b. (Middle) ELLIOT c. (Last) TOBIAS			4. DATE OF DEATH (Month) (Day) (Year) 11 9 51		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sep't 5, 1905.			9. AGE (In years last birthday) 46.		IF UNDER 1 YEAR Months Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adv. Counselor, Ridgeway Co, Inc.,			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Lehigh, Indian Territory, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Simon Tobias.		

13b. MOTHER'S MAIDEN NAME Martha Meyerson.		14. NAME OF HUSBAND OR WIFE Lillian Tobias	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 488-05-3919	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillian Tobias, 226 Woodbourne Drive			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Atherosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
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22. I hereby certify that I attended the deceased from **May 1 - 1938**, to **7-9 - 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **70** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS 60122 Rose Blvd.		23c. DATE SIGNED 11-10-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 11/12/51.		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory.	
24d. LOCATION (City, town, or county) (State) 7800 St. Charles Road.					

DATE REC'D BY LOCAL REG. NOV 10 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons-7233 Delmar Blv'd.,	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Roy Compton,
6122a Page
CA-1010

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.