

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39780**Registrar's No. **2758**

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|--|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 117 | | PRIMARY REG. DIST. NO. 500 | | Registrar's No. 2758 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis, Mo | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY OR TOWN Rural: Airport Heights | | c. LENGTH OF STAY (in this place) 4 YRS | | c. CITY (If outside corporate limits, write RURAL and give township) University City | | 346 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Sanatorium | | | | d. STREET ADDRESS (If rural, give location) 7234 Colgate | | | |
| 3. NAME OF DECEASED (Type or Print) HYMAN | | b. (Middle) TOBIN | | c. (Last) TOBIN | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 29 1954 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Unk. | |
| 9. AGE (In years last birthday) ab. 80 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair | | 10b. KIND OF BUSINESS OR INDUSTRY Retail | | 11. BIRTHPLACE (State or foreign country) USSR | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Geo. Tobin | | 13b. MOTHER'S MAIDEN NAME unb. | | 14. NAME OF HUSBAND OR WIFE Fannie | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. Tobin 7234 Colgate | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chron. pulmonary emphysema 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 years | |
| 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) 4201 | | | |
| 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? | | | |
| 22. I hereby certify that I attended the deceased from April 6 1948 , to Nov. 29 1954 , that I last saw the deceased alive on Nov. 29 1954 , and that death occurred at 12:45 PM ; from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Gray H. Kinsley M.D. | | | | 23b. ADDRESS 462 No. Taylor | | 23c. DATE SIGNED 11/29/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Bur. | | 24b. DATE 11/30/54 | | 24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | | 24d. LOCATION (City, town, or county) (State) University City Mo. | |
| DATE REC'D BY LOCAL REG. 11/30/54 | | REGISTRAR'S SIGNATURE Rebeccah K. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-484000
4

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.

Student
- Student Embalmer

Signed *James J. Quiring*
Licensed Embalmer No. *45269*

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.