

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7631

State File No.

No. 34
10.48

FILED MAR 12 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 458

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>St. Louis</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>	c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>	a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1050 Francis Pl.</u>		c. CITY OR TOWN <u>Brentwood</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1050 Francis Pl.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DENNIS</u>	b. (Middle) <u>P.</u>	c. (Last) <u>TOBIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>May 29, 1881</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Days	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Moulder (Retired 10 Years) - Molding</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Molding</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Tobin</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen O'Rourke</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Tobin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>350-03-5644</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. J. Kane</u>	ADDRESS <u>1050 Francis Pl.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis chr. with myocardial degeneration 4 yrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>estimated 10 yrs.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Arteriosclerosis general</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4221</u>
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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?
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22. I hereby certify that I attended the deceased from Jan 11, 1956, to Feb 15, 1956, that I last saw the deceased alive on Feb 14, 1956, and that death occurred at 7:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch. Bockelman M.D.</u>	23b. ADDRESS <u>2615 Brentwood Blvd</u>	23c. DATE SIGNED <u>2/17/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb. 18, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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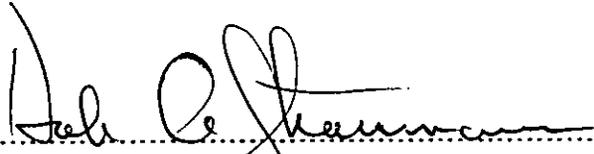
DATE REC'D BY LOCAL REG. <u>2-17-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Slombard M.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 453

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.