

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18774

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 4516

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Mo.<br>b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br>St. Louis  | c. LENGTH OF STAY (in this place)<br>Life | c. CITY OR TOWN<br>St. Louis   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br># 5 Kingsbury Place   |   | e. STREET ADDRESS (If rural, give location)<br>12 # 5 Kingsbury Place 2129   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br>John<br>b. (Middle)<br>C.<br>c. (Last)<br>Tobin  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>May 9th., 1956   |  |
| 5. SEX<br>M.   | 6. COLOR OR RACE<br>W.                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>M.   | 8. DATE OF BIRTH<br>Sept. 6, 1886  |
| 9. AGE (In years last birthday)<br>69  |   | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Attorney  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  |
| 11. BIRTHPLACE (City and State or Foreign Country)<br>St. Louis, Missouri  |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.   |  |
| 13a. FATHER'S NAME<br>Thomas J. Tobin  |   | 13b. MOTHER'S MAIDEN NAME<br>Mary Cluney   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Mrs. Pauline Robyn Tobin  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>no   |   | 16. SOCIAL SECURITY NO.<br>none  |  |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br>Mrs. Pauline Robyn Tobin, # 5 Kingsbury Pl.   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br><u>Hypertension</u><br><u>Generalized Arteriosclerosis</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><u>Sudden</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |  |
| 19a. DATE OF OPERATION   |   | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>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?   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>1957</u> to <u>May 9</u> , 1956, that I last saw the deceased alive on <u>May 7</u> , 1956, and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above. |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Alphonse McKeon, M.D.</u>   |   | 23b. ADDRESS<br><u>634 N. Grand Blvd</u>   |  |
| 23c. DATE SIGNED<br><u>5-9-56</u>  |   |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |   | 24b. DATE<br>May 11, 1956  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery   |   | 24d. LOCATION (City, town, or county)<br>St. Louis, Missouri   |  |
| DATE REC'D BY LOCAL REG.<br>MAY 9 1956   |   | REGISTRAR'S SIGNATURE<br><u>Carl Smith</u>   |  |
| FUNERAL DIRECTOR'S SIGNATURE<br><u>Arthur J. Donnelly</u>  |   | ADDRESS<br>3840 Lindell Blvd.  |  |

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

(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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis Williams*

Licensed Embalmer No. *35*

P. O. Address *38407*

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.