

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15224

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3614, Russell 6)

File No.....  
Registered No. 3753  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. John E. Tobin St. 17 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Freda Tobin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 1881  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. abt 52

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John E. Tobin Party  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER FATHER 13. NAME John E. Tobin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Jennie James

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Freda Tobin (ADDRESS) 2107 Grand St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE April 27, 1933

19. UNDERTAKER Arthur J. Donnelly, Inc Co (ADDRESS) 3840 Lindbergh Ave

20. FILED 26 1933 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25, 1933

22. I HEREBY CERTIFY that I attended deceased from Dec 16 1932 to April 25 1933

I last saw him alive on April 24, 1933 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of tongue with general metastasis Date of onset 1/5/33  
Other contributory causes of importance 1/5/33

Name of operation none Date of no

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Paul Grosskreutz, M. D.

(Address) 3601 Center St St. Louis, Mo.

St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-259

J. A. Brantley

~~Boat Landing House~~

3900 Park

Ev 5188