

REC'D JUL 12 1938

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

20661
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City..... (d) Street No. **2627A N. 20TH ST** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **JOHN T. TOBIN**

(a) Residence, No. **2627A N. 20TH ST** St. **20**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **NORO TOBIN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 22, 1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **BANK MESSENGER**
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, MO.**

FATHER 13. NAME **JOHN TOBIN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

MOTHER 15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **IRELAND**

17. INFORMANT **NORA TOBIN**
(ADDRESS) **2627A N. 20TH ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** DATE **JUNE 29, 1938**

19. FUNERAL DIRECTOR **Goodhart & Goodhart**
(ADDRESS) **2228 Adams ave**

20. FILED **JUN 28 1938** **J. B. Budick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26, 1938**

22. I HEREBY CERTIFY That I attended deceased from **Oct. 10, 1927**, to **June 26, 1938**

I last saw him alive on **June 25, 1938**. Death is said to have occurred on the date stated above, at **7:25** p.m.

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

Carcinoma of Stomach
Mitral regurg.
Date of onset

Other contributory causes of importance:

Name of operation **Exploratory** Date of **April 20, 1938**

What test confirmed diagnosis? **N.D.** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) **Norge A. Carroll**, M. D.
(Address) **687 N. Grand.**

WRITE CLEARLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

Charles Goodhart

Licensed Embalmer No. *2777*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Charles Goodhart

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed *Charles Goodhart*

Licensed Embalmer No. *2777*

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.)