

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.

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

703  
Do not use this space.

REC'D FEB 10 1939

791  
1003

703

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003  
 (b) Township 1 Primary Registration District No.             
 (c) City St. Louis (d) Street 4115 Holly Hills 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 Patrick J. Tobin

(a) Residence, No. 4115 Holly Hills Blvd. St.             
 (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 Dora Tobin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1862  
 7. AGE YEARS 76 MONTHS 5 DAYS 02 If LESS than 1 day,            hr. or            min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Loco. Machinist Mo. Pac. R.R.  
 10. Date deceased last worked at this occupation (month and year)            11. Total time (years) spent in this occupation           

12. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

FATHER 13. NAME Patrick Tobin

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME McGrath

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

17. INFORMANT Edward W. Tobin (ADDRESS) 4115 Holly Hills

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Jan. 25, 1939

19. FUNERAL DIRECTOR (NAME) Vacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED JAN 23 1939 J. B. Bradack Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from           , 19          , to           , 19          .  
 I last saw h.            alive on           , 19          . Death is said to have occurred on the date stated above, at 11:50 a.m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset             
Chronic Myocarditis  
 Other contributory causes of importance: Arteriosclerosis

Name of operation            Date of             
 What test confirmed diagnosis?            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) Alfred Perry, M. D.  
 (Address) Republic, Colorado

**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, .....

*Robert Wheeler*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *St Louis mo.*

**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, above space should be left blank.**