

V. S. No. 2
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 1 1944
 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 1003

State File No. _____
 Registrar's No. **9140**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution DePaul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-week
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Vinita Park
(If outside city or town limits, write "RURAL")
 (d) Street No. 8145 Washington St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Florence Farley Tobinson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex F. **5. Color or race** W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Harry Tobinson
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased. Feb. 23rd., 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 25th.
 year 1944 hour 11 minute 40 p.m.
21. I hereby certify that I attended the deceased from September 23, 1944 to October 25, 1944
 that I last saw her alive on October 25, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute perforative peritonitis
 Due to abdominal operation for umbilical & ventral hernias
 Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
1 day
6 days
median

8. AGE: Years 51 Months 8 Days 2 If less than one day _____
hr. min.
9. Birthplace E. St. Louis Ill.
(City, town, or county) (State or foreign country)
10. Usual occupation Film Inspector
11. Industry or business Universal
12. Name Thomas A. Farley
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Ella Brady
15. Birthplace Carlville Ill.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Loretta Holmberg
(b) Address 8145 Washington St.
17. (a) Burial Calvary **(b) Date thereof** 10-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 29 1944 **(b) J. A. Gredeck**
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations many dense adhesions & bulging of abdominal wall
 Of autopsy perforation of small intestine - that you in abdomen
22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
23. Signature Arthur J. Donnelly **(M. D. or other)** M.D.
Address 508 N. Grand Blvd. **Date signed** 10/27/44

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

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

Signed W H VanMatre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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, fact should be so stated above.