. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 14 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15513
Primary Registration District No. 1000
Registrar's No. 629

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day (Specify whether
In this community 14 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St Joseph Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2405 Charles Str. 7
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edward B. Tobin
3. (b) If veteran, name war World War #I
3. (c) Social Security No. 5I0-05-I596
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Irene
6. (c) Age of husband or wife if alive 5I years
7. Birth date of deceased October (Month) 27 (Day) I896 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	5I	7	5	hr. min.

9. Birthplace Brunswick Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Sales Manager
11. Industry or business Armour's & Co.
FATHER
12. Name Theodore C. Tobin
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katherine Strub
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Irene Tobin
(b) Address 2405 Charles Str.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-I948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Herman Wm Indenfaden
(b) Address St. Joseph Mo.
19. (a) June 4, 1948 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 3X7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd year I948 hour I2 minute I5 P M.
21. I hereby certify that I attended the deceased from nov 1947 to 6-2 1948 that I last saw him alive on 6-2 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Rt. Hemiplegia	14 hrs.
Due to Malignant Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause of which death should be charged statistically.

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)
While at work? (e) Means of injury
23. Signature Harold J Brunn (M. D. or other) 0
Address St Joseph, Mo. Date signed 6-3-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JUN 15 19

JUL 2 1949

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 Robert K Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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, fact should be so stated above.