

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30439

State File No. 2132

FILED AUG 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2132

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Arb. Ter.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>3 weeks</b>		7 TOWN <b>2079</b>	
d. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) <b>0025 Natural Bridge Rd. Mother of Good Counsel Home</b>		d. STREET ADDRESS (If rural, give location) <b>5018 Geraldine Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) _____ c. (Last) <b>Tobin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 10, 1952</b>		
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5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W.</b>	8. DATE OF BIRTH <b>April 8, 1865</b>	9. AGE (In years last birthday) <b>87</b>	if UNDER 1 YEAR Months <b>4</b>	if UNDER 6 mos. Days <b>2</b>	if UNDER 12 Hrs. Hours _____	if UNDER 15 Min. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House Work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Peter Thiel</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>James Tobin</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss Ruth Huth, 5944 Nagel Ave.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic Hypertensive Cardio-vascular disease.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac decompensation</b> DUE TO (c) <b>4343</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **8-8, 1952** to **8-9, 1952**, that I last saw the deceased alive on **8-9, 1952**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE? <b>Henry E. Lattinville, M.D.</b> (Degree or title)	23b. ADDRESS <b>3720 Washington Blvd.</b>	23c. DATE SIGNED <b>8-11-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 13, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8-12-52</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Dunkel</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>	ADDRESS <b>3840 Lindell Blvd,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Emballer's Statement on Reverse Side)

*Dr. Lattimore at  
Dr. Daniels' Office  
441 Ave 37th Street  
2pm*

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Signature]*

Licensed Embalmer No. 4699

P. O. Address *St. Charles, 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.