

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36935

FILED NOV 12 1952

State File No.

318

1003

Registrar's No. 9639

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital				d. STREET ADDRESS (If rural, give location) 14 5747 Delor Str.			
3. NAME OF DECEASED (Type or Print) FRANK		a. (First)		b. (Middle) P.		c. (Last) TOBIN	
4. DATE OF DEATH Oct. 17, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Aug. 7, 1890		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R. CO.		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Patrick J. Tobin		13b. MOTHER'S MAIDEN NAME Dora Mort		14. NAME OF HUSBAND OR WIFE Anne B. Tobin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1st W. War		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Anne B. Tobin-5747 Delor Str.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Heart disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from <i>5-22-52</i> , 1952, to <i>Oct 17</i> , 1952, that I last saw the deceased alive on <i>Oct 6</i> , 1952, and that death occurred at <i>11:08 P.</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <i>MD</i>		23b. ADDRESS <i>539 N Grand</i>		23c. DATE SIGNED <i>10-18-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-21-52		24c. NAME OF CEMETERY OR CREMATORY Resurrection		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. OCT 20 1952		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Kriegshauser-4228 S. Kingshighway Bl			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Storrsand

Licensed Embalmer No. 4007

P. O. Address _____

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.