

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35226

State File No. ....

9196

FILED NOV 15 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>lifetime</b>		e. STREET ADDRESS (If rural, give location) <b>26 3949 N. 20th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3949 N. 20th Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPHINE</b> b. (Middle) c. (Last) <b>TOBIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov. 16, 1875</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Leber</b>		14. NAME OF HUSBAND OR WIFE <b>Harry Tobin (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>WM. Tobin 3949 N. 20th Street</b>	

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) <b>Myocardial Failure</b>  ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>447X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
---	--	---	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>447</b>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan, 1954, to Oct 19, 1955, that I last saw the deceased alive on Oct 18, 1955, and that death occurred at 10 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles M. Mellis D.O.</b>		23b. ADDRESS <b>3825 N 20</b>		23c. DATE SIGNED <b>10/20/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-22-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, MO</b>	

DATE REC'D BY LOCAL REG. <b>OCT 21 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SUEDMEYER &amp; SON'S 3934 N. 20th Street</b>	
--	--	---	--	--	--

S.O. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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.....  
Signature of Student Embalmer

Signed *Melvin J. Kemper*

Licensed Embalmer No. *405*

P. O. Address *St. Louis 20, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. . . . .  
If this body is not embalmed, fact should be so stated above.