MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791T File No. 25441

Township..... Primary Registration District No. 1003 Registered No. 7234

City St. Louis, Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Edward H. Cornelsen

(a) Residence. No. 513 Dover Pl. St. 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah M. Cornelsen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 20-1844.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	84	5	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Din & Hardware Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) Unknown
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT K E Sherwill
(Address) City Sam

15. FILED JUL 12 1928, 19.. Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1925, to 7-11-, 1928, that I last saw h..... alive on 7-11-, 1928, and that death occurred, on the date stated above, at 8.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97 Schrosis

(duration) 3 yrs. mos. 13 ds. X

CONTRIBUTOR (SECONDARY) 96

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) K E Sherwill, M. D
7-11, 1928 (Address) City Sam

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Steelville Ills — DATE OF BURIAL 7/13 1928

20. UNDERTAKER C Hoffmeister U & L Co. — ADDRESS 7814 S Bdwy

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.