

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

Do not use this space.

38283

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No.     ) Sanitarium St.      Ward     

File No.       
 Registered No. 10884  
 St.      Ward     

**2. FULL NAME**

Edward Cornwal  
 (a) Residence. No. 4465 West Belle 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 24 yrs. + mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Separated</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>About 55</u>				

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Asphalt worker  
 (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) Kentucky

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT William T. Gutter, M.D.  
 (Address) 5300 Arsenal St.

15. FILED Nov - 7 1928 Max E. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 1928

17. I HEREBY CERTIFY, That I attended deceased from June 18 1928 to Nov 5 1928 that I last saw him alive on Nov 5 1928, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
General paralysis of the Insane  
23

CONTRIBUTORY (SECONDARY) 76 (duration) - yrs. 4 mos. 18 da. +

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF     

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.  
 (Signed) William T. Gutter, M. D.

11/5 1928 (Address) 5300 Arsenal St.

\*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 Centralia Ill. DATE OF BURIAL 11/9 1928

20. UNDERTAKER Manuel Yutx Co. ADDRESS 4059 Finney

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

