

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

Do not use this space.

16155

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City, *St. Louis* (No. *2908*, *Dodier St.*) St. .... Ward.....

File No. ....  
Registered No. **4189**  
St. .... Ward.....

**2. FULL NAME**

*Maurice E. Corbett*  
(a) Residence. No. *2908 Dodier St.* St., *70* Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Mar 29 - 1876</i>		
7. AGE	YEARS <i>53</i>	MONTHS DAYS <i>10</i>
		IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Clerk Soffie R.R.</i> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St. Louis</i> (STATE OR COUNTRY) <i>Mo</i>		
PARENTS	10. NAME OF FATHER <i>James Corbett</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Islam</i> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <i>Ellen Soffie</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Ohio</i> (STATE OR COUNTRY)	
14. INFORMANT <i>Margaret Corbett</i> (Address) <i>2908 Dodier St.</i>		
15. FILED <i>1929</i> <i>W. C. Standley</i> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

**2**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr. 8<sup>th</sup> 1929*

17. I HEREBY CERTIFY, That I attended deceased from *March 17*, 1929, to *April 6*, 1929 that I last saw him alive on *April 7*, 1929, and that death occurred, on the date stated above, at *7:40 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*cerebral softening*  
*antero-sclerosis*  
(duration) *6* yrs. *6* mos. = ds.  
(SECONDARY) (duration) *3* yrs. = mos. = ds.

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

DID AN OPERATION PRECEDE DEATH? *no* DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *W. H. Simon*, M. D.  
*April 8 1929* (Address) *4000 Chouteau*

\*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 <i>Calvary Cemetery</i>	DATE OF BURIAL <i>Apr. 10 1929</i>
20. UNDERTAKER <i>Cullinan Bros 1702 N. Grand</i>	ADDRESS

WHITE PRINT, 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.

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Dr John A Armon