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

Do not use this space.

21904

File No. 5746

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1903

Township ..... Primary Registration District No. 1903

City St Louis (No. St Luke's Hospital St. ..... Ward)

2. FULL NAME Cornelia Filley

(a) Residence, No. ..... St. ..... Ward. Clayton Mo
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert E. Filley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1857

7. AGE: Years 76 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 135B

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93C

10. Date deceased last worked at this occupation (month and year) 133A

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

FATHER

13. NAME: John T Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

MOTHER

15. MAIDEN NAME: Sarah A McPherson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

17. INFORMANT (ADDRESS): D D Walker Clayton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE July 1st 1933

19. UNDERTAKER (ADDRESS): Arthur J Gaynor Co 4640 Finkelce Blvd

20. FILED JUN 30 1933 19 ..... J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to June 29, 1933

I last saw h. alive on June 29, 1933. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (General)	
Chr Myocarditis	
Edema Lungs	9 D
	9 D

Other contributory causes of importance:
Chr Pilot Pyelonephritis
Chr Cystitis
Profunda

Name of operation ..... Date of ..... What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J Kay Sanford, M. D.
(Address) Union Cemetery

N.B.—Every item of information should be carefully supplied. AGE should be stated in years, months, days, or hours, if under 1 year. CAUSE OF DEATH should be stated in plain terms, so that it may be properly classified. Exact statements are very important.

1-6.