

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

Do not use this space.

40877

1. PLACE OF DEATH

County..... Registration District No. *003*
Township..... Primary Registration District No.
City *St. Louis* (No. *City Hospital*)

File No.....
Registered No. *10821*
St. Ward)

2. FULL NAME

Robert A. Corbett
(a) Residence, No. *4376 W. Pine Ave* St. *19* Ward.

(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>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Melanie Corbett</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown 1867</i>		
7. AGE	YEARS	MONTHS
	<i>67</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Lawyer</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

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

FATHER 13. NAME
Robert M. Corbett

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

MOTHER 15. MAIDEN NAME
Mary Marix

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

17. INFORMANT (ADDRESS)
*Mrs. Melanie Corbett
4376 W. Pine Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cathary* DATE *Nov 14* 19*34*

19. UNDERTAKER (ADDRESS)
*Arthur J. O'Connell 2460
38th St. Grandview*

20. FILED *13 1934* 19 *13* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 12 1934*

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at *8:40 AM*.

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

Frail Skull died when deceased

fell to pavement in front of

residence midnight Nov - 6th/34

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury....., 19.....

Where did injury occur? *St. Louis Mo*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Public Place

Manner of injury *Fall*

Nature of injury *Frail Skull*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) *J. P.weeney*, M.D.
(Address) *1413 1/2 St. Louis*

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.

