

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

Do not use this space.

AUG 1 1936

28173

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis

(No. City Hospital No. 1

File No.....

Registered No.....

St. 6981 Ward)

B. 4796

Lulu Cornwall

2. FULL NAME

6916 Southwest

(a) Residence, No.....

(Usual place of abode)

St. 3 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

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

Edward Cornwall

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

March 21, 1889

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

47

3

17

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

hwk

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

at home

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

11. Total time (years) spent in this occupation

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

St. Louis, Missouri

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

Hosp. Info. M. H. Kent

(ADDRESS)

City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Jefferson Barracks DATE 7-10-36

19. UNDERTAKER

(ADDRESS)

Gay's Smith Funeral Home 74 St. Manchester

20. FILED

19

8 1936

J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/8/36

22. I HEREBY CERTIFY, That I attended deceased from

7/3/36

19 to 7/8/36

I last saw h. hen die on 7/8/36

to have occurred on the date stated above, at 3:05 A.

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

Evolutional Melancholia
Pontine Meningoencephalitis

Other contributory causes of importance:

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

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

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) Geo. J. Sebald, M. D.

(Address) City Hospital No. 1

