

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis, Mo** (No. **St. Anthony's Hospital**) St. .... Ward)

2. FULL NAME **William Cornoyer**

(a) Residence, No. **4753 So. Grand Ave** St. **15** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 20, 1924**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**13 0 4**

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Student**  
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)  
11. Total time (years) spent in this occupation

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

MOTHER FATHER  
13. NAME **Vincent Cornoyer**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

MOTHER FATHER  
15. MAIDEN NAME **Dora Soetebier**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

17. INFORMANT **Mr Vincent Cornoyer**  
(ADDRESS) **536 3rd Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cathedral Vault** DATE **Mar-26-1937**

19. UNDERTAKER **Paul C. Calabrese**  
(ADDRESS) **314 E. Sagitta Ave**

20. FILED **APR 25 1937** **J. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 24 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 21**, 1937, to **March 24**, 1937  
I last saw him alive on **March 23**, 1937. Death is said to have occurred on the date stated above, at **3:4** m.  
The principal cause of death and related causes of importance were as follows:

**Pertontitis (Peritonitis Appendicitis)** Date of onset **4 days**

Other contributory causes of importance:

Name of operation **Appendectomy** Date of **3/21/37**  
What test confirmed diagnosis? **Physical** 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 **No**  
(Signed) **Dr. H. H. Walters** M. D.  
(Address) **3608 St. Grand**

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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