

APR 27 1937

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

Do not use this space.

13659

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Rickwood

Registration District No. 1170
Primary Registration District No. 6248-H.
(No. St. Mary's Hospital)

File No. _____
Registered No. 66
St. _____ Ward _____

2. FULL NAME Cornell E. Earle

(a) Residence, No. 4454 Castleman Ave. St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
48 10 6

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

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

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) Sedalia Mo.

13. NAME Eugene Earle

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

15. MAIDEN NAME Fanny Pocahontis

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

17. INFORMANT Mrs Irene Earle (ADDRESS) 4454 Castleman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE March 8, 1937

19. UNDERTAKER COLLINANE BROS (ADDRESS) 1710 GRAND BLVD

20. FILED March 5, 1937 Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/4 1937

22. I HEREBY CERTIFY, That I attended deceased from 7:25 3/4 to 7:45 4/4 1937

I last saw him alive on March 4 1937. Death is said to have occurred on the date stated above, at 3:50 p.m.

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

Solar Pneumonia (Date of onset 4/4/37)
108

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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 Albert W. Lloyd M. D.
(Signed) _____ (Address) 4474 Shaw

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.

