

NOV 15 1937

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

35950
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **1705 10th Street** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **35** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1705 10th Street** St. **26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Beatrice Correl		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19, 1902		
7. AGE YEARS 34	MONTHS 10	DAYS 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) Oct 11, 1937		11. Total time (years) spent in this occupation 2 yrs
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) ARKANSAS		
13. NAME Roger Correl		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) North Carolina		
15. MAIDEN NAME Ester Devenport		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Beatrice Correl 1705 th Street		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Oct 13, 1937		
19. FUNERAL DIRECTOR (ADDRESS) Boyd Bros 3704 Finney Ave.		
20. FILE OCT 13 1937 W Brebeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 11, 1937**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **11:27 A.M.**

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

Chronic Tubercular endocarditis
Gastric Chronic

Other contributory causes of importance:

Name of operation..... **31** Date of.....
What test confirmed diagnosis?..... 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) **Walter Perry M.D.**
(Address) **W. Perry Corcoran**

WHITE PAPER, WITH IMPAGING 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.

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)