

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

39656
Do not use this space.

1. PLACE OF DEATH **DEC 13 1937**
 (a) County Registration District No. **791 9**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Parkedge Hotel** Registered No. **10643**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Olive Virginia Corbett**
 (a) Residence, No. **Valley Park Mo.** St. **MR**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Late William Corbett		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1858		
7. AGE YEARS 35	MONTHS 79	DAYS 0
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Gap Tennessee		
13. NAME John Lay		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.		
17. INFORMANT Mrs. Charles Nelson (ADDRESS) Parkedge Hotel		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 11-18 19 37		
19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway		
20. FIVE NOV 17 1937 J. J. Brudeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-16** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 21** 19**37**, to **Nov 16** 19**37**

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **3:40** A.M.

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

Date of onset **about 4 weeks ago.**

Other contributory causes of importance:
Chronic Myocarditis. For years

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? **No.**
 If so, specify.....
 (Signed) **John A. Beck** M. D.
 (Address) **4701 St Louis Ave**

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.

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P.A. Bell 4701A St Louis Miss
9-11

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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 *Edwin M. Dermott*

Licensed Embalmer No. *3024*

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.)