

Registration District No. 1503

Primary Registration District No. 1503

Registrar's No. 9677

1. PLACE OF DEATH:

- (a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5909 Clemens Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether

In this community Life
years, months or days) (Specify whether3. (a) PRINT FULL NAME JULIA MOORE CORNWELL 654

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 25 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80 8 18 _____ hr. _____ min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

12. Name Alexander Moore13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Wilhelmina Nax
(City, town, or county) (State or foreign country)15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Fredrick Cornwell(b) Address 5909 Clemens Ave17. (a) burial (b) Date thereof 11/15/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Blvd.19. (a) NOV 13 1939 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5909 Clemens Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day November
year 1939 hour 6:50 minute A M.21. I hereby certify that I attended the deceased from July
1939, to November 13, 1939;
that I last saw her alive on November 12, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 11-6-39Due to chronic cardiac renal
hypertensiveDue to arteriosclerosis, small
vesselsOther conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on a farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Fred W. Clark (M. D. or other) MDAddress 2811 Hawthorn Bend Date signed 11-13-39

Dr W. Fred Clark
864 Hamilton
Ca 2354
1:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Robert E. White....., Registered Apprentice No. 209
working under my personal supervision.

Signed.....

J. W. Bentley

Licensed Embalmer No. B653

P. O. Address.....

St. Louis Mo.

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.)

If this body is not embalmed, above space should be left blank.