

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22829
Registrar's No. 1124

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Immaculate Heart Convent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Catherine Corby 610

3. (b) If veteran, name war No. 8. (c) Social Security No. None

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

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

7. Birth date of deceased Dec. 23 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 5 17 hr. _____ min.

9. Birthplace England
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. H. Bowers

(b) Address 4859 Margaretta

17. (a) Burial (b) Date thereof 6-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) JUN 12 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4129 Labadie Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1940 hour 11:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from time she entered Immaculate Convent to time of 19____;
decease. that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis; Endo-Carditis; Mitral insufficiency; Decompensated; Generalized Arterio-Sclerosis; Rectal Ulcer; Endarteritis both lower extremities causing dry
Due to _____

gangrene mostly of left leg.
MOD Secondary: Mild Cardial failure 2 Mos.
Mild Cardial congestion; generaliz 2 Mos.
ed by dry gangrene of 2 Mos.
legs, C A of
rectum & initia.

PHYSICIAN
Major findings:
Of operations _____
Of autopsy 46
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 farm, in industrial place, in public place? _____

707 While at work? _____ (Specify type of glass) (a) Means of injury _____

23. Signature [Signature] (M. D. or other) 1
Address 3718 Jennings Rd., Pine Lawn, Mo. Date signed 6/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Hoffer

Licensed Embalmer No. 2971

P. O. Address _____

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.

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