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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27089

State File No.

6985

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baronne City Hospital
(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 Alfred Cornstubble

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

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

6. (b) Name of husband or wife Tamma 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Jan. 18 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Elijah Cornstubble

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

14. Maiden name Pensy Jane Means

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

16. (a) Informant Joseph Cornstubble

(b) Address 6136 Plymouth Ave.

17. (a) Removal (b) Date thereof 8-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayne City, Ill.

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

(b) Address 4700 Washington Ave.

19. (a) AUG 18 1940 (b) J. P. Bredeck
(Date received from 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. 6136 Plymouth Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 16
year 1940 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to with occlusion

Due to atherosclerotic

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: arteriosclerosis
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 farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph M. Luecke (M. D. or other)

Address Deputy Coroner Date signed _____

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

J. S. Sullivan

Licensed Embalmer No. *1172*

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.