

4-12-40  
-17-39  
I X23159

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 weeks  
(Specify whether \_\_\_\_\_)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 25  
(d) Street No. Lennox Hotel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 40 years years.

3. (a) PRINT FULL NAME Felix Cornitius

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

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

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

7. Birth date of deceased Sept 1 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Attorney at law

11. Industry or business \_\_\_\_\_

12. Name Joel Cornitius

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

14. Maiden name N. Hahn

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

16. (a) Informant Mrs. Lucille P. Porter

(b) Address 6432 Permal Avenue

17. (a) Cremation (b) Date thereof 12-19-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John S. Ziegler & Sons

(b) Address 7027 Gravois Ave.

19. (a) DEC 19 1940 (b) J. W. Bredbeck  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side) St. Louis

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 2:30 minute \_\_\_\_\_ P \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1939 to Dec 18 1940 that I last saw him alive on 12/18/40 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lymphatic Leucemia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings of operations \_\_\_\_\_  
Of autopsy none

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) (c) Means of injury \_\_\_\_\_

23. Signature W. H. O'Connell (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 12/18/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 E. P. Kiddell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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, fact should be so stated above.