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X26390

MAILED MAY 13 1941
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo., 20 Days
(Specify whether
In this community 11 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Helen Corbett

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 MARRIED

6. (b) Name of husband or wife JAMES
6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased JAN 19 1900
(Month) (Day) (Year)

8. AGE: Years 41 Months 7 Days 18
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Wheeler

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

14. Maiden name DEE EDLEN

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

16. (a) Informant James Corbett

(b) Address 4038 McPherson

17. (a) Burial (b) Date thereof APR. 10 1941
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA

18. (a) Signature of funeral director Redmond J. Jurek
(Specify type of place)
While at work? (e) Means of injury

(b) Address 1936 St. Louis Ave.
(c) Date received local register APR - 9 1941
(Registrar's signature) J. J. Jurek

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000/9
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4038 McPherson
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1941 hour 11:55 minute A. M.

21. I hereby certify that I attended the deceased from February 18, 1941, to April 7, 1941
that I last saw h. or alive on April 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of Brain
Duration

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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?

23. Signature Thos C. Jurek (M. D. or other)

Address 1515 Lafayette Ave. Date signed 4/7/41

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 *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.