

Registration District No. 701

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:
3913a Parnell
(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)

3. (a) PRINT FULL NAME Henry F Cornell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Cornell 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased November 21 1863
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>78</u> | <u>2</u> | <u>23</u> | hr. _____ min. |

9. Birthplace St Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Core Maker

11. Industry or business ?

MOTHER FATHER { 12. Name Unknown
 13. Birthplace Unknown
(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 Mary Cornell
 (b) Address 3913a Parnell

17. (a) Burial (b) Date thereof Feb 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc
 (b) Address 1936 St Louis Ave

19. (a) FFB (b) J. G. Bredecki
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20000
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3913a Parnell St
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14 year 1942 hour 1:40 minute 4 M.

21. I hereby certify that I attended the deceased from November - 15 - 41 to Feb - 15 - 42 that I last saw him alive on Feb 13 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Poisoning - 6 hrs

Due to Hepatitis
 Due to Carcinoma of Prostate - 4 yrs.

Other conditions: 51
(Include pregnancy within 3 months of death)

Major findings: 51
 Of operations _____
 Of autopsy _____

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 J. R. Weston (M.D. or other) DO
 Address 3700 - N. Grand Date signed 2-16-42
(Specify type of place) (c) Means of injury.

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

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.....

Licensed Embalmer No. *3737*

P. O. Address..... *1926 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.