

FILED MAR 17 1942

Registration District No. 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:
En Route to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **22.000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **17 A.S. 16th St**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **16th** **February**
year **1942** hour **11:45** minute **9.0** A.M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary occlusion**
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: **None**
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Thomas Sinclair Correll**
3. (b) If veteran, name war **None** 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 **Hanna Correll** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **Jan. 5th, 1872**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 1 11 hr. min.

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

10. Usual occupation **Salesman Self**

11. Industry or business **Notions**

12. Name **Warner Correll**

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

14. Maiden name **Elizabeth Sinclair**

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

16. (a) Informant **Rueben Carson**

(b) Address **Pleasant Hill Illinois**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **Feb 18 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hill Illinois**

18. (a) Signature of funeral director **Petz Brothers**
(b) Address **3029 Lafayette Ave**

19. (a) **FEB 17 1942** (Date received local registrar) (b) **J. T. Bredeck** (Registrar's signature)

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 **m. m. Karl** (M. D. or other)
Address **City Hospital #1** Date signed **2/17/42**

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

MOTHER FATHER

