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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18942

State File No.

Registration District No. 184 Primary Registration District No. 115 Registrar's No. 1137

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

1. PLACE OF DEATH:

(a) County St. Louis County W. City

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6318 Washington (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis W. City (If outside city or town limits, write "RURAL")

(d) Street No. 6318 Washington (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Parker Corns

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Corns

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug (Month) 7 (Day) 1861 (Year)

8. AGE: Years 80 Months 9 Days 17 If less than one day hr. min.

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

10. Usual occupation Machinic

11. Industry or business

FATHER
12. Name James Corns
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Stout
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Edna Frost
(b) Address 6318 Washington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation Jerrsyville Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Illinois

19. (a) MAY 24 1942 (Date received local registrar) (b) E. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1942 hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from 5/23, 1942 to 5/24, 1942 that I last saw him alive on 5/23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	6 mo
Due to Coronary Thrombosis	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94a
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature P. C. Barnes MD (M. D. or other)
Address 6312 Washington ave W. City Mo. Cab 5340 Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 10 1942

FEB 20 1953

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. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.