

FILED AUG 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25207

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1656

96
3000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 7807 Walincia Drive
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Earl B. Alcorn

3. (b) If veteran, name war.....

3. (c) Social Security No. 191-07-2027

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Caroline B.

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 16th, 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 17
If less than one day hr. min.

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

10. Usual occupation Asst. Chief Engineer

11. Industry or business Union Electric Co.

MOTHER FATHER

12. Name Jerimiah Alcorn

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

14. Maiden name Clemantine Guinn

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

16. (a) Informant Caroline B. Alcorn

(b) Address 7807 Walincia Drive

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 8/5/42
(Month) (Day) (Year)

(c) Place: burial or cremation Vinton Iowa

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) AUG 4 - 1942 (Date received locally or by mail)

(b) C. E. McFarland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3rd
year 1942 hour 10.30 minute A M.

21. I hereby certify that I attended the deceased from July 31, 1942 to Aug 3, 1942
that I last saw him alive on Aug 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Cardio Vasc. Disease

Duration 2 weeks

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d
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?.....

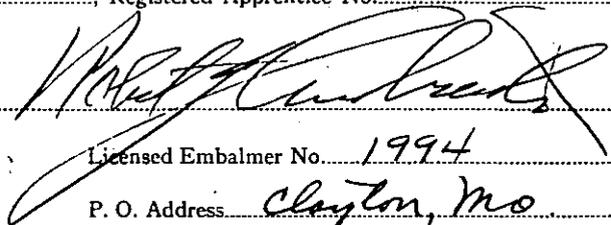
(Specify type of place) While at work? (e) Cause of injury D

23. Signature R. Lupella (M. D. or other) 94
Address 3720 Washington Date signed.....

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. 1994

P. O. Address Clayton, Mo

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.