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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28275

FILED SEP 4 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1950

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. Jan. 27, 1943 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5925 Wabada Avenue
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Charles Corey

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 486-28-0967

4. Sex male

5. Color or race white

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

6. (b) Name of ~~husband or~~ wife Marie

6. (c) Age of ~~husband or~~ wife if alive 43 years

7. Birth date of deceased March (Month) 3 (Day) 1892 (Year)

8. AGE: Years 51 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation Cab Driver

11. Industry or business Black and White Cab Co.

FATHER
12. Name Charles Corey
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hammerer
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilly
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Mo

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 30 1943 (Date received local registrar) (b) C. L. McFarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th, year 1943 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from January 27, 1943 to August 25, 1943 that I last saw him alive on August 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary arteriosclerotic heart disease with myocardial damage	
Due Left bundle branch block and anginal syndrome.	Unknown
Due to -	
Other conditions (Include pregnancy within 3 months of death) Arteriosclerosis, general.	Unknown

Major findings:
Of operations No operation.
Of autopsy Autopsy refused.

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) no
(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

23. Signature GEO. J. EPPS, M.D. (M. D. or other)
Address Acting Chief Medical Officer Vet. Adm. Fac., Jeff. Bks., Mo. Signed 8/26/43

767 (Licensed Embalmer's Statement on Reverse Side)

OCT 1 1943

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 Edwin D. McKennett

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.