

FILED OCT 23 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8817

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Des Loge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2811 N. 13th Str (If rural, give location) 9 26
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME GUS CORZINE

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Corzine 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August 19 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Jasper Corzine

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

14. Maiden name Alice Corzine (State or foreign country)

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

16. (a) Informant Nellie Corzine

(b) Address 2811 N. 13th Str

17. (a) Burial Removal (b) Date thereof Oct. 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mounds, Ill.

18. (a) Signature of funeral director Leidner Und Co

(b) Address 2223 St. Louis Ave

19. (a) OCT 17 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th year 1944 hour 4:50 pm minute M.

21. I hereby certify that I attended the deceased from October 13, 1944, to October 16, 1944.
that I last saw him in alive on October 16, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage (Rx) Duration 3 days

Due to Hypertensive cardio-vascular-renal disease Uncertain

Due to none Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none Of autopsy none PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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

23. Signature Henry J. Oppenheimer, M.D. (M. D. or other) M.D.
Address 3720 Washington, St. L., Mo. Date signed 10-17-44

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

MOTHER FATHER

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 Soharis Wt

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.