

FILED NOV 22 1944

State File No. _____

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **9558**

1. PLACE OF DEATH:
 (a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6410 Trade Ave.
(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)
 In this community 63 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6410 Trade
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John P. Corbett
 3. (b) If veteran, name war No
 3. (c) Social Security No. 500-18-2069

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 7
 year 1944 hour 10 minute 45 A.M.
 21. I hereby certify that I attended the deceased from Oct. 9 to Nov. 7
 that I last saw him alive on Nov. 3 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Catherine
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased: Feb 3, 1881
(Month) (Day) (Year)

Immediate cause of death: Chr. Myocarditis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 63 Months 9 Days 4
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Chauffeur

11. Industry or business Emerson Elec. Co.

12. Name Jeremiah Corbett

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

14. Maiden name Elizabeth Brady

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

16. (a) Informant Mrs. Catherine Corbett
 (b) Address 6410 Trade

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1944
(Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Joseph A. Howard
 (b) Address 1619 St. Grand

19. (a) NOV 10 1944 (Date received local registrar)
J. F. Breeseck (Registrar's signature)

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

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) _____ (e) Means of injury _____
 23. Signature O. E. Williamson (M. D. or other)
 Address 6336 Clayton Road Date signed 11/10/44

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

Jan 26 1917

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 *Jas. A. Howard*
Licensed Embalmer No. 4139
P. O. Address 4212 SELOWIS AV

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.