. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21793

FILED JUL 20 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5818

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4115 Blaine Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Madison

(c) City or town Alton
(If outside city or town limits, write "RURAL") NR.

(d) Street No. Myrtle St.
(If rural, give location)

(e) Citizen of foreign country? no 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BRALEY S. CORWIN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Clara Corwin

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

7. Birth date of deceased Aug. (Month) 25, (Day) 1862 (Year)

8. AGE: Years 82 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Gibson County, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER
12. Name John B. Corwin
13. Birthplace Unknown (City, town, or county) N. Y. (State or foreign country)

MOTHER
14. Maiden name Nancy White
15. Birthplace Gibson County (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Cassie M. Timmerman
(b) Address St. Louis, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof July 5 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Alton Ill.

18. (a) Signature of funeral director Ralph A. Gent
(b) Address Alton, Illinois

19. (a) JUL 5 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 2 year 1945 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 30, 1945, to July 2, 1945, that I last saw him alive on July 2, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

92

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

23. Signature H. B. Dew (M. D. or other) Mo. July 3/45

Address 1446 S. Broad Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mansfield

Licensed Embalmer No. 30007

P. O. Address 5060 Queens

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.