

FILED OCT 16 1946

Registration District No.

66763070

Registrar's No.

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town Webster Groves, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Glenwood Sanatorium #  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 years  
In this community 6 months + 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4909 Wabada  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Caroline Margaret Corey

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

4. Sex F 1 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife W. W. Corey 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 26 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles F. Walther  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Caroline unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant W. W. Corey  
(b) Address 4909 Wabada Ave.

17. (a) burial (b) Date thereof 10/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) 10-4-46 (b) Ruth J. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15<sup>th</sup>  
year 1946 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 14 1943 to October 15<sup>th</sup> 1946;  
that I last saw her alive on Sept October 15<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 1 1/2 days

Due to Carcinoma of bladder + generalized Carcinomatosis; arteriosclerosis Several yrs

Due to 52 lb

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul Rhine M.D. (M. D. or other) \_\_\_\_\_  
Address 1300 Grant Road Date signed \_\_\_\_\_

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

33518

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**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.**