

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 14181  
Registrar's No. 3357

FILED APR 23 1948  
Registration District No. 318

Primary Registration District No. 1003

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

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: Mo. Pac. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution About 3 Weeks  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME CORNELIA R. HEARST  
3. (b) If veteran, name war None  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sep't. 25 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 10  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housework

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

MOTHER FATHER {  
12. Name Howard Paul  
13. Birthplace Maine  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Champney  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hearst  
(b) Address 3031 Eads Ave.

17. (a) Entombment (b) Date thereof 4-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 7 1948 J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3031 Eads Ave.  
(If rural, give location)  
(e) Citizen of foreign country? 17 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1948 hour 11 minute 50P. M.

21. I hereby certify that I attended the deceased from 16 to April 5 1948  
that I last saw her alive on April 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocardial degeneration  
senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: 9 2 1  
(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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) MD  
Address 1755 S. Central Date signed 4/5/48

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**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 M. Perwatt*

..... Licensed Embalmer No. *3024*.....

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.**