

FILED AUG 6 1948

318

Registration District No.

Primary Registration District No.

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:
Residence - 5861 Plymouth Avenue /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME ELIZABETH CORNICK

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Walter Cornick 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased September 15 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 10 8 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Charles Von Bodman
 13. Birthplace Saxony Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Magdalene Diehl
 15. Birthplace Pottstown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Anna Cornick
 (b) Address 5861 Plymouth Ave., St. Louis
 17. (a) burial (b) Date thereof. 7-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address 7233 Delmar Blvd., St. Louis
 19. (a) JUL 23 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5861 Plymouth Avenue
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
 year 1948 hour 10 minute 10 a M.

21. I hereby certify that I attended the deceased from December 46, 1946, to July 23, 48, 1948
 that I last saw her alive on July 23, 1948, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic pyelonephritis
Non-calculeous
General Arteriosclerosis
 Due to.....
 Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

1 yr.
5 yrs.

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) (c) Means of injury.....

23. Signature Walter W. Davis (M. D. or other).....
 Address 539 N Grand Ave Date signed 7/23/48

1-3 P.M.
93-4980
C. H. - 1870

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 Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.