

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2575**  
Registrar's No. **198**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>198</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>11 hours</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda General Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>2225 Arsenal St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAMON</b>		b. (Middle) <b>SCOTT</b>		c. (Last) <b>CORNEJO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 7 1949</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>N-M</b>		8. DATE OF BIRTH <b>Dec. 4 - 1947</b>	
9. AGE (In years last birthday) <b>1</b>		10. MONTHS <b>1</b>		11. DAYS <b>3</b>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? _____							
13a. FATHER'S NAME <b>CORNEJO Victor</b>			13b. MOTHER'S MAIDEN NAME <b>Erben (Mary)</b>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Victor Cornejo - 2225 Arsenal</b> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Heart Disease with heart failure</b> ANTECEDENT CAUSES <b>Pericarditis-pneumonia</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>154 151</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>NS</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Jan. 5, 1949</b> , to <b>Jan. 7, 1949</b> , that I last saw the deceased alive on <b>Jan. 7, 1949</b> , and that death occurred at <b>4:30 Am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. Wm. H. Riley</b> (Degree or title) _____				23b. ADDRESS <b>Hobo Maryland</b>		23c. DATE SIGNED <b>Jan. 7 - 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-8-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY Mo.</b>	
DATE RECD BY LOCAL REG. <b>JAN 8 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Reetz Funeral Home</b>		ADDRESS <b>3029 Lafayette</b>	

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed David Van Fossan.

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4342

P. O. Address 5029 Lafayette

**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.