

FILED MAR 11 1949

STANDARD CERTIFICATE OF DEATH

6073

State File No.

PRIMARY REG. DIST. NO. 1001 Registrar's No. 1992

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1001		Registrar's No. 1992	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		10/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>8890 RAMONA AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNICE</u>			b. (Middle) <u>THERESA</u>		c. (Last) <u>CORRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH, 1, 1949</u>
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH, 6, 1918</u>	
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 wks. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST, LOUIS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>HARRISON RALEY</u>			13b. MOTHER'S MAIDEN NAME <u>MARY KOCH</u>		14. NAME OF HUSBAND OR WIFE <u>FRANCIS CORRY</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANCIS CORRY 8890 RAMONA AVE</u>			
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) <u>Rheumatic heart disease - mitral stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral embolism secondary to (a) above</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 or more</u> <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>No injury</u>		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? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>1-8</u> , 19 <u>48</u> , to <u>3-1</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>3-1</u> , 19 <u>49</u> , and that death occurred at <u>7⁰⁰ A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward P. Reh, M.D.</u>				23b. ADDRESS <u>462 No. Taylor, St. Louis, Mo.</u>		23c. DATE SIGNED <u>3-2-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/3/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>		
DATE RECD BY LOCAL REG. <u>MAR 2 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48
MR 17

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.....

Ben Hoffman

Signed.....

Student Embalmer

Licensed Embalmer No.

4366

P. O. Address.....

Harlem, Mo

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.