

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

9969

BIRTH NO. 55993-57 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) | | 9 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4104 N. 20th St. | | d. STREET ADDRESS (If rural, give location) 4104 N. 20th St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) c. (Last) Cory | 4. DATE OF DEATH (Month) (Day) (Year) 11/8/51 |
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|----------------|---------------------------|--|-----------------------------------|---------------------------------------|------------------------------|-----------------------------|---------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Aug. 25, 1951 | 9. AGE (In years last birthday) -- | 10. UNDER 1 YEAR 2 Months | 11. UNDER 1 YEAR 13 Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
|----------------|---------------------------|--|-----------------------------------|---------------------------------------|------------------------------|-----------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (State or foreign country) St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Thomas A. Cory | 13b. MOTHER'S MAIDEN NAME Margaret Davis | 14. NAME OF HUSBAND OR WIFE --- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. --- | 17. INFORMANT'S SIGNATURE OR NAME Thomas A. Cory | ADDRESS 4104 N. 20th St. |
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| 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>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Delayed Therapy</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u> |
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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|--|--|---|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>273X</u> |
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22. I hereby certify that I attended the deceased from 8/25, 1951, to 11/8, 1951, that I last saw the deceased alive on 11/4/51, 1951, and that death occurred at 12:45pm., from the causes and on the date stated above.

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|-------------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>C.C. Grace</u> | (Degree or title) <u>Mill</u> | 23b. ADDRESS <u>3702 Gravois</u> | 23c. DATE SIGNED <u>11/9/51</u> |
|-------------------------------------|----------------------------------|-------------------------------------|------------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/10/51 | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri |
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| DATE REC'D BY LOCAL REG. NOV 9 1951 | REGISTRAR'S SIGNATURE <u>J. Carl Runtz</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>M. D. P. Wacker-Helderle</u> | ADDRESS 3634 Gravois |
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1952

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.

Student
Student Embalmer

Signed *Robert Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *Wilmington*

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.