

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6311

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1644</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>36 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>26 TOWN Overland, Mo.</b>		<b>425 X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>10308 Maddoz</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Corey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 8 1952</b>	
5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 18, 1860</b>	
9. AGE (In years last birthday) <b>91</b>		10. UNDER 1 YEAR Months Days		11. UNDER 28 HRS. Hours Min.		9. AGE (In years last birthday) <b>91</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cabinetmaker</b>		11. BIRTHPLACE (State or foreign country) <b>Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>A. Benjamn Corey</b>		13b. MOTHER'S MAIDEN NAME <b>Maria Henry</b>		14. NAME OF HUSBAND OR WIFE <b>Fanny Sharrar Corey Dec.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Rowena Appel, 10308 Maddoz, Overland Mo.</b>			
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>Carcinoma of liver</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of sigmoid</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of sigmoid resected 26 months ago</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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>153 X</b>			
22. I hereby certify that I attended the deceased from <b>June, 1938</b> , to <b>Feb., 1952</b> , that I last saw the deceased alive on <b>Feb. 7, 1952</b> , and that death occurred at <b>11:30 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm Alexander Smith</b>				23b. ADDRESS <b>Webster Bros</b>		23c. DATE SIGNED <b>Feb 4 - 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 11, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roach Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Phelps County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>FEB 21 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Wm H. H. H. H.</b>		ADDRESS <b>1100 Elm, Rolla, Mo.</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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*R. Kenneth Patterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4697*

P. O. Address *Salla, Ma.*

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.