

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40169
Registrar's No. 10321

FILED DEC 2 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>10321</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
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>		<u>2029</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospt.</u>				d. STREET ADDRESS (If rural, give location) <u>4300 Freida Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cornelius</u>		b. (Middle) <u>A</u>		c. (Last) <u>Fortgens Fortgens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 22 1879</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State for Foreign Country) <u>Holland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>? Fortgens</u>			13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Dont Know</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mathy Bettonville</u> ADDRESS <u>6275 Enright</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>1. Cancer of Rectum</u> <i>Note: does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ 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>4 mo</u>	
19a. DATE OF OPERATION <u>Oct. 21 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Rectum</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>154X</u>					
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>52</u> , to <u>Nov 7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>52</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul G. Bettonville, Jr. M.D.</u>				23b. ADDRESS <u>508 N. Grand Blvd.</u>		23c. DATE SIGNED <u>Nov. 9, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 10 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 10 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by Aff. an.

10-12-30 PM. *Alley*
No. 5521

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 *me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St Louis 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of _____ } ss.

State File No. 40169-52
Local Registrar's No. 10321

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19 day of December 1952, ~~XXX~~, before me appears Jos. W. Clark
Undertaker 1125 Hodiament Ave., who, upon His oath, states that the original record of ~~XXX~~
for Cornelius A Fortgens ^{died} ~~born~~ 11/7/52, 19____, in the State of ^{death}
Missouri, and which was filed at St. Louis Mo. on 11/10/52 19____, should be corrected as follows:

Item No. 3c should read Cornelius A Fortgens

Instead of Cornelius A Fartgens

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jos. W. Clark Undertaker
Relationship.

1125 Hodiament Ave. St. Louis 12 Mo.
Present Address.

Subscribed and sworn to before me this 19 day of December 1952, 19____.

My Commission expires September 17 1956 James A. Marschal Notary Public.

My Commission Expires
September 17, 1956