

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7448**
Registrar's No. **1870**

FILED MAR 11 1953

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1870	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			d. STREET ADDRESS (If rural, give location) 17 2936 Eads Ave		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) W.		c. (Last) CORNE	
4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 16, 1953		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH June 14 1903		9. AGE (In years last birthday) 49 # UNDER 1 YEAR 7 # UNDER 12 HRS. 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) service salesman auto industry		10b. KIND OF BUSINESS OR INDUSTRY auto industry		11. BIRTHPLACE (City and State or Foreign Country) Evansville Ind.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William T. Corne		13b. MOTHER'S MAIDEN NAME Matilda Florian	
14. NAME OF HUSBAND OR WIFE Anne Corne		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 6/13/22-6/12/25		16. SOCIAL SECURITY NO. 488-04-3007	
17. INFORMANT'S SIGNATURE OR NAME Miss Anne Corne		18. ADDRESS 4935 N. High Ave		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Gradual ulcer = bleeding		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gradual ulcer = bleeding		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Mesothelioma of lung?					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Thyroiditis positive your malignant cells		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) 5:40		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 12-29-52, 19 , to 2-16-53 , 19, that I last saw the deceased alive on 2-16-53 , 19, and that death occurred at 3:50A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Shale H. Rychman, M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 2-16-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/19/53		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson, Berks, Mo		25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Ans. A. Howard, 1614 S. Grand	
DATE REC'D BY LOCAL REG. FEB 17 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

APR 29 1953

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 J. Wm. Dinkley
Licensed Embalmer No. 3653
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.