

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7449**
Registrar's No. **1825**

BIRTH NO. **FILED MAR 11 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN ST. LOUIS		c. CITY OR TOWN NORMANDY	
c. LENGTH OF STAY (in this place) 8 days		d. STREET ADDRESS (If rural, give location) 7229 ST. ANDREWS ROAD.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) RALEIGH b. (Middle) BARNABUS c. (Last) CORNWALL.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 20, 1883.	9. AGE (In years last birthday) 69.	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Salesman..		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Barnabus M. Cornwall.	13b. MOTHER'S MAIDEN NAME Elizabeth Lincoln.	14. NAME OF HUSBAND OR WIFE Florence Turner Cornwall.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence T. Cornwall; ADDRESS Normandy, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Appendicitis with perforation to peritonitis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5501
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22. I hereby certify that I attended the deceased from **2-8, 1953**, to **2-15, 1953**, that I last saw the deceased alive on **2-15, 1953**, and that death occurred at **9:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Charles R Doyle MD (Degree or title)	23b. ADDRESS 6344 Grand	23c. DATE SIGNED 2-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2/17/53.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
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DATE REC'D BY LOCAL REG. FEB 16 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; ADDRESS 7233 Delmar Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

4.2

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 Arnold W. Schene

Licensed Embalmer No. 3864

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.