

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26236

FILED JUL 31 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6137

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 21290	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN St Louis	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific		e. STREET ADDRESS (If rural, give location) 12 4537 Pershing Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Chalton b. (Middle) Eugene c. (Last) Corson SR.	4. DATE OF DEATH (Month) (Day) (Year) June 18. 53						
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH June 12. 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Mech. Engineer	11. BIRTHPLACE (City and State or Foreign Country) Towanda Penna.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME George Corson	13b. MOTHER'S MAIDEN NAME Mary Swakhammer	14. NAME OF HUSBAND OR WIFE Helen Corson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes W.W.I	16. SOCIAL SECURITY NO. 049-07-3593	17. INFORMANT'S SIGNATURE OR NAME Mrs. James D. Daves	ADDRESS St. Louis
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction recurrent		4 day
	ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c)		years
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 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from June 15, 1953, to June 18, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Harrison M.D.	(Degree or Title)	23b. ADDRESS 607 No Grand St Louis	23c. DATE SIGNED 6-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 19, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem.	24d. LOCATION (City, town, or county) (State) Belleville, Illinois
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DATE REC'D BY LOCAL REG. JUN 19 1953	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE M. C. Kurucz	ADDRESS 2. East St. Louis Ill
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

*Not Embalmed*

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No. ....

P. O. Address *E. S. Ke...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.