

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35251

9117

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY 2069	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is 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 St. Louis City Hosp		e. STREET ADDRESS (If rural, give location) 2501 Semple Ave.	
3. NAME OF DECEASED (Type or Print) William		a. (First) William	b. (Middle) Corrington
5. SEX M		6. COLOR OR RACE W	
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Oct 19 1872	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber salesman	
11. BIRTHPLACE (City and State or Foreign Country) Carrolton, Illinois		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Stephan Corrington		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Minnie Corrington		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 435-07-9996		17. INFORMANT'S SIGNATURE OR NAME Mrs. Betty Schlueter	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis		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.		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"/>		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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4500		22. I hereby certify that I attended the deceased from 10-5-54, 19__, to 10-7-54, 19__, that I last saw the deceased alive on 10-7-54, 19__, and that death occurred at 2:05P m., from the causes and on the date stated above.	
23a. SIGNATURE Lewis R. Bauer M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 10-7-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 10/9/54		24c. NAME OF CEMETERY OR CREMATORY Carrolton, Illinois	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	
DATE REC'D BY LOCAL REG. OCT 8 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48209
0

Mason

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.....
Signature of Student Embalmer

Signed *Warren A. Carver*.....

Licensed Embalmer No. *35*.....

P. O. Address.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**