

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020507

STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1343

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Spanish Lake</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Spanish Lake</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>909 Coal Bank Rd</u>		Length of stay in 1b <u>1 year</u>	d. STREET ADDRESS (If outside, give location) <u>909 Coal Bank Rd.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>John C. Cornell</u>			4. DATE OF DEATH Month Day Year <u>5-17-58</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 29, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physican & Surgeon</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor</u>	11. BIRTHPLACE (City and state or country) <u>Edgewood Mo.</u>
13a. FATHER'S NAME <u>Benjamin F. Cornell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Royalty</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Cornell</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Elizabeth Cornell 909 Coal Bank Rd.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of rt. Hand with</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized metastases</u> DUE TO (c) <u>199.1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 year</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>12/13/57</u> to <u>5/17/58</u> and last saw him alive on <u>5/11/58</u> Death occurred at <u>5/2/58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George C. Carroll M.D.</u>		22b. ADDRESS <u>607 N. Grand</u>	22c. DATE SIGNED <u>5-17-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
24. FUNERAL DIRECTOR <u>Kriegshausler 4228 S. Kingshighway</u>		25. DATE RECD. BY LOCAL REG. <u>5-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>

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 *Richard W. Storrs*

Licensed Embalmer No. *4007*

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.