Health, & Welfare Public Service

S. 300
. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008800
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 77 Primary Registration District No. 2016 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): JEFFERSON CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST MARYS HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ~~COLE~~
c. CITY OR TOWN: ST. LOUIS 2199 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 4496 Maryland Ave — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EMMA Middle: LOUISE Last: CORNELIUS

4. DATE OF DEATH Month Day Year: MARCH 29. 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]

8. DATE OF BIRTH: March 4, 1884

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 0 Days 25 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman

10b. KIND OF BUSINESS OR INDUSTRY: Ladies Sonnenfeld's approx

11. BIRTHPLACE (City and state or country): Burford, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: David Slinkhard

13b. MOTHER'S MAIDEN NAME: Anna Austin

14. NAME OF HUSBAND OR WIFE: Carl Cornelius (Dead)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-09-9266

17. INFORMANT: Mrs. Nell Helen Slinkhard Address: St Louis Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis generalized
DUE TO (c): 331X
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 [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 March 29/59 to March 29/59 and last saw her alive on March 29/
Death occurred at 5:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Brian O Dwyer M.D.

22b. ADDRESS: Jefferson City Mo

22c. DATE SIGNED: 3-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal Cremation

23b. DATE: Mar 31-1959

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

23d. LOCATION (City, town, or county) (State): Saint Louis, Missouri

24. FUNERAL DIRECTOR: Sylvester Dedle ADDRESS: J C Mo

25. DATE RECD. BY LOCAL REG.: 29 March 1959

26. REGISTRAR'S SIGNATURE: R. V. Norris, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 8 1959

JUN 9 1959

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 .....

Licensed Embalmer No. 4321

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.