

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026514

FILED VS AUG 1 1 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7127** STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Florida b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Delray Beach		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hosp;		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 So. Vista Del Mar.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JEROME Middle BAUDY Last CORBY			4. DATE OF DEATH Month Aug. Day 1, Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Corby Supply Company		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Corby		13b. MOTHER'S MAIDEN NAME Josephine Rubidous	
14. NAME OF HUSBAND OR WIFE Ann W. Corby		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT W.D. Hemenway Jr. 30 Picardy La. Ladue Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Arterio sclerotic Heart D.		Yrs.	
DUE TO (c) Generalized Arterio sclerotic				Yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Dehydration 420.0				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m.	Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <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 23 July 1959 to Death and last saw ^{her} him alive on 7/31/59 Death occurred at 5:08 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Murray E. Smith MD (Degree or Title)		22b. ADDRESS 906 Olive St., St. Louis		22c. DATE SIGNED 8/1/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/4/1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis County Missouri.	
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blv'd. ADDRESS		25. DATE RECD. BY LOCAL REG. AUG 1 '59		26. REGISTRAR'S SIGNATURE Keon Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

50.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 3864
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.