

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046188

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12132 STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JAN 5 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1200a Monroe Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Alvin Middle M Last Corbett 4. DATE OF DEATH Month December Day 24 Year 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-27-1887 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR
Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done in course of working life, even if retired) Salesman (retired) 10b. KIND OF BUSINESS OR INDUSTRY Self-employed 11. BIRTHPLACE (City and state or country) Scotland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME unknown 13b. MOTHER'S MAIDEN NAME McKenzie 14. NAME OF HUSBAND OR WIFE not stated

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mr. James A. Corbett, 1111 Bakewell drive Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 12/14/61 to 12/24/61 and last saw her/him alive on 12/24/61
Death occurred at 7:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David H. Beato M.D. 22b. ADDRESS 1515 Lafayette Ave. 22c. DATE SIGNED 12/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 27, 1961 23c. NAME OF CEMETERY OR CREMATORY Ballefontaine Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave St. Louis, 7, Missouri ADDRESS _____ 25. DATE RECD. BY LOCAL REG. DEC 26 1961 26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

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 Wilfred J. Baurley

Licensed Embalmer No. 4202

P. O. Address St. Louis

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.