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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED SEP 17 1943 318
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8051

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Desloge
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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0 NR

3. (a) PRINT FULL NAME John A. Cornill

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Jane Corneff 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 14 hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER

12. Name Arthur M. Cornill
13. Birthplace Unavailable England 4
(City, town, or county) (State or foreign country)
14. Maiden name Louise Jane Crump
15. Birthplace Unavailable Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Elvins, Missouri
(b) Address _____

17. (a) Burial (b) Date thereof 9/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Desloge, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) SEP 10 1943 (b) J. P. Bredish
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1943 hour _____ minute 1:10 P.M.

21. I hereby certify that I attended the deceased from 8/26/43
to 9/4/43 1943.
that I last saw him alive on 9/3/43 - 8:20 PM 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Due to Amputation of left leg.
Due to GANGRENE - ARTERIO SCLEROSIS. 10 days
Other conditions Arteriosclerosis, Sclerosis, etc.
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Manner of injury _____
23. Signature Carl Smith (M. D. or other) _____
Address 2627 No. R. Kingsburyway Date signed 9/5/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

8051

8051

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *J. Allen Payne Jr.*

Licensed Embalmer No. *4053*

P.O. Address *City*

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 this body is not embalmed, fact should be so stated above.