

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32385

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. Bethesda Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elmer Cornell  
 (a) Residence. No. 2341 Michigan Av. St. 17 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWER, <del>OR</del> <del>DIVORCED</del> (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 11 - 1861</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>21</u>		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)..... Minnesota  
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>A. B. Cornell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <u>New York</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Esther Leslon</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <u>New York</u> (STATE OR COUNTRY)

14. INFORMANT Mrs Bertha Hubner  
 (Address) 3957 Deloy St.

15. FILED 23 1929 Wm C. Harkley  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 5 1929 to Sept 21 1929  
 that I last saw him alive on Sept 21 1929, and that death occurred, on the date stated above, at 845 pm.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocarditis, Chronic  
1228/  
73C/11561  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Strangulated Hernia  
Ri- (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 5

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) John Stewart M. D.  
9/21 1929 (Address) Lester Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Concordia Cemetery</u>	DATE OF BURIAL <u>Sept 24</u> 19 <u>29</u>
20. UNDERTAKER <u>E. J. Schmur</u>	ADDRESS <u>3125 Lafayette St</u>

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

