

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

Do not use this space.

31678

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 359)

Registration District No. 1003
Primary Registration District No. Franklin St.

File No. _____
Registered No. 9331
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 359 Franklin St. 16 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 Male 4. COLOR OR RACE White 5. SINGLE-MARRIED, WIDOWED OR DIVORCED (in the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Corbey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 3 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Coal Business
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER John Corbey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Mary Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Margaret Corbey
(Address) 359 Franklin St.

15. FILED SEP 20 1930
REGISTRAR [Signature]

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26th 1930

17. I HEREBY CERTIFY. That I attended deceased from Aug 23rd 1930, to Sept 26th 1930, and that I last saw him alive on Sept 26th 1930, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
(Auricular Fibrillation)
13
93 (duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic nephritis (tubular)
10 (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination
(Signed) Emmett J. Jaworski, M. D.

9/26, 1930 (Address) 3529 Franklin Ave.

*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 Calvary Cemetery DATE OF BURIAL Sept 29, 1930

20. UNDERTAKER [Signature] ADDRESS 1522 Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

