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

Do not use this space.

18346

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 4588

City St. Louis (No. City Hospital St. ..... Ward)

#1514

2. FULL NAME Anna Cornell

(a) Residence, No. 1452 No. 1 St. 9th 21 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17th - 1933

7. AGE — YEARS: — MONTHS: 2 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ml
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Harold Cornell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse New York

MOTHER

15. MAIDEN NAME Anna Finisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilkesboro Pa.

17. INFORMANT (ADDRESS) Hospital Information Grace Hosp. City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE May 25 1933

19. UNDERTAKER (ADDRESS) W. P. Dickenson City Hospital

20. FILED MAY 24 1933 J. F. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 28th 1933, to May 22nd 1933

I last saw her alive on May 22nd 1933. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Osteomyelitis of Right humerus	
Other contributory causes of importance: Multiple Abscesses of Chest wall & foot	

Name of operation Repair of hare lip Date of 5-7-33

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Raymond G. Jacobs, M. D.
(Address) City Hospital

CAUSE OF DEATH in plain terms, so that it may be properly ...