

MAY 7 1936

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

Do not use this space.

791

17183

1003

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City ST. LOUIS (No. 7211 Arsenal E.) St. .... Ward)

File No.....  
Registered No. 3945  
St. .... Ward)

2. FULL NAME Bertha L. Corneau

(a) Residence, No. 7211 Arsenal St. 4 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert L. Corneau  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 9 21

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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 Fred Hengschieker

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

MOTHER  
15. MAIDEN NAME Louise Schallmberger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Robert S. Corneau 7211 Arsenal E. St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Sat Apr 11, 1936

19. UNDERTAKER (ADDRESS) Jay B. Smith Funeral Home 736 Manchester Ave. Maplewood, Mo.

20. FILED APR 10 1936 J. T. Credeek Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Thurs. Apr 9, 1936  
22. I HEREBY CERTIFY, That I attended deceased from Jan 11 - 1936 to April 9 - 1936  
I last saw her alive on April 9 - 1936 Death is said to have occurred on the date stated above, at 11:12 P.M.  
The principal cause of death and related causes of importance were as follows:

Chr. myocarditis  
50  
Other contributory causes of importance:  
Coronary atherosclerosis of Robert  
operative of mesenteric  
Name of operation anastomosis of Robert Date of .....  
What test confirmed diagnosis? specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury none  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) A. M. T. H. Harrison, M.D.  
(Address) 2243 N. 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.

W F. ...  
2743 N. Grand.  
above brick bldg.