

NOV 4 1936

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

Do not use this space.

39522

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **1000**) St. Ward) **W. P. and Wood**

2. FULL NAME

(a) Residence, No. **5353 Maple** St., Ward. (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 (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Elliott**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1871**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **About 65**
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Motorman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **retired**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation **25 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
13. NAME **Timothy Corbett**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

15. MAIDEN NAME **Mary Brown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT (ADDRESS) **David Brown**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary Oct 22 1936**

19. UNDERTAKER (ADDRESS) **1273 St. Louis Ave**

20. FILED **OCT 21 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 19 1936**

I HEREBY CERTIFY, That I attended deceased from **Oct 19 1936** to **Oct 19 1936**
I last saw him alive on **Oct 19 1936**. Death is said to have occurred on the date stated above, at **117** m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset **Oct 19 1936**

Other contributory causes of importance:
Interstitial nephritis Chronic? Arteriosclerosis Multiple aneurysms in Brain
Name of operation **None** Date of
What test confirmed diagnosis? **None** Was there an autopsy? **Yes**

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? **No**
If so specify **None**
(Signed) **Reumer Law**, M. D.
(Address) **1117 N. Grand**

