REC'D MAR 24 1938

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

8139
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 96
(b) Township ~~Richmond Heights~~ — Primary Registration District No. — Registered No. 326
(c) City Richmond Hgts — (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Russell Vincent Cornwall 65 y.
(a) Residence, No. 1439a Burd Ave. St. [ ] St. Louis City Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) July 19, 1937.
7. AGE: YEARS 0 — MONTHS 6 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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 Russell V. Cornwall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Grace A. Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Russell V. Cornwall 1439a Burd Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Jan. 17, 1938
19. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly 1416 N. Taylor Ave.
20. FILED 2-7, 1938 T. R. Meyer M. D. Del. P. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1938
22. I HEREBY CERTIFY, That I attended deceased from Early Morning 2-14, 1938, to Early Morning 2-16, 1938
I last saw him alive on 2-16, 1938 Death is said to have occurred on the date stated above, at 12:02 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-14-38
109 h	
Other contributory causes of importance:	
Acute Rhino-pharyngitis	2-14-38

Name of operation ..... Date of .....
What test confirmed diagnosis? yes 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) [signature], M. D.
(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Clement Mc Neary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Clement McNeary

Licensed Embalmer No. 3732

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)