

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

16522
 Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** Registered No. **4383**
 (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.
D. 115 **Henry Corssen** **625**

2. PRINT FULL NAME

(a) Residence, No. **2608 Potomac** St. **23**
 (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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 25 1886**
 7. AGE YEARS **51** MONTHS **51** DAYS **6** **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Machinist**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Electric Mfg.**
 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) **Effingham Illinois**

FATHER 13. NAME **Detmar Corssen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Augusta Witte**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Suffolk N. Y.**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Concordia Cem.** DATE **May 13 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Richard P. Veith**
1936 St. Louis Ave. St. Louis Mo.

20. FILED **MAY 13 1938** **J. D. Prelick**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/10/38**
 22. I HEREBY CERTIFY, That I attended deceased from **4/3/38** to **5/10/38**, 19.....
 I last saw him **5/10/38** alive on **5/10/38**, 19..... Death is said to have occurred on the date stated above, at **10.20 a** m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? 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?
 If so, specify **Pulmonary Tuberculosis**
 (Signed) **Richard P. Veith**, M. D.
 (Address) **City Hospital No. 1**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Thos A Bidwin

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Thos A Bidwin

Licensed Embalmer No. *506*

P. O. Address *1936 St Louis Ave*

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

If this body is not embalmed, above space should be left blank.