DEC'D JAN 11 1939

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

41034
Do not use this space.

791

1. PLACE OF DEATH
   (a) County ..... Registration District No. 1008
   (b) Township ..... Primary Registration District No. ..... Registered No. 10726
   (c) City ST. LOUIS (d) Street No. 4564 NEWBERRY TERRACE 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 LUVINA CORBITT.
   (a) Residence, No. 4564 NEWBERRY TERRACE St. 12
   (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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN CORBITT.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 23, 1860
7. AGE: YEARS 78 | MONTHS 2 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SEAMSTRESS
9. Industry or business in which work was done, as saw mill, bank, etc. RICE-STIX CO.
10. Date deceased last worked at this occupation (month and year) DEC. 1937.
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND. 1

FATHER
13. NAME TUCKER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 9

MOTHER
15. MAIDEN NAME UNKNOWN 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. JOHN CALVIN 4564 NEWBERRY
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 12-14-38, 19
19. FUNERAL DIRECTOR (ADDRESS) CULLEN-KELLY 1416 N. TAYLOR.
20. FILED DEC 13 1938 19 J. F. Bedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1938, to Dec. 11th, 1938
I last saw her alive on Dec. 10th, 1938 Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 7th
Other contributory causes of importance:	
Chronic Arthritis	1920
Chronic Myocarditis	1927

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 1
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Edwin J. Froelich, M. D.
(Address) 3635 No Newstead

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by Mark Tiernor, Registered Apprentice No. 174

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 comply with the above constitutes grounds for revocation of license.)