

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1146

1. PLACE OF DEATH:

(a) County St. Louis Mo.
 (b) City or town North St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Dr. Tiernan's Hospital (Pine Lawn)
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mabel Corey

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John F. Corey 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased January 1 1892
 (Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 25 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Joseph Von Dach

13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

14. Maiden name Laurel Canahl

15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John F. Corey

(b) Address 5925 Wabada Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ruephauer Mortuaries

(b) Address 4228 S. Kingshighway Blvd.

19. (a) JUN 27 1939 (Date received local registrar) (b) DR. M. J. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5925 Wabada Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1939 hour 11:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 9/19/37 to 6/26/39, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myo-Carditis Chr. Endo-Carditis Mitral insufficiency continued on reverse side.
 Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature DR. M. J. ... (M. D. or other) Address 3718 Jennings Road Date signed 6/27/39

PHYSICIAN

Underline the cause to which death should be charged statistically

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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Continued from reverse side.

Chr. Arteriosclerosis. 9/19/37
Chr. Hypertension average 196 "
Chr. Cholecystitis. "
Chr. Cholangitis "
Chr. Cholic and gastric pain and vomiting. 9/19/37
Gall Bladder removed at St. Louis City Hospital 9 years ago.

Secondary:

Gastric vomiting. 6/23/39
Cerebral apoplexy involving left side followed
by severe convulsions. 6/23/39
Died in one of the convulsions.

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, or by.....

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

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. 3395

P. O. Address.....

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.