DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41968

Registration District No. 1008

Primary Registration District No.

Registrar's No. 11091

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: #5215 Enright Avenue.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 1

(c) City or town St. Louis, 12
(If outside city or town limits, write "RURAL")

(d) Street No. #5215 Enright Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT DAVID CORLETT. 64

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Clara E. Corlett.

6. (c) Age of husband or wife if alive 67. years

7. Birth date of deceased Sep't, (Month) 6th, (Day) 1857. (Year)

8. AGE:

Years	Months	Days	If less than one day
82.	3.	20.	hr. min.

9. Birthplace Chicago, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Hamilton Brown Shoe Co. 1

FATHER
12. Name Robert D. Corlett.
13. Birthplace Isle of Man, (City, town, or county) England. (State or foreign country) 4

MOTHER
14. Maiden name Ann Gaurvin,
15. Birthplace Isle of Man, (City, town, or county) England. (State or foreign country) 1

16. (a) Informant's own signature Mrs R. D. Corlett.
(b) Address #5215 Enright Avenue.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) DEC 27 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 39 hour 11 minute 15 p M.

21. I hereby certify that I attended the deceased from apr 1, 1935, to Dec 25, 1939;
that I last saw him alive on Dec 13, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Chronic Myocarditis	6 yrs
(2) Chronic Pyelonephritis	10 yrs
Due to Non Calculous	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93C
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature [signature] (M. D. ~~or other~~)
Address 607 N Grand Date signed 12/25/39

(Licensed Embalmer's Statement on Reverse Side)

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, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis MO

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

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