S. No. 2
—11-10-39
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I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9118

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2601

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Missouri Baptist Hosp; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)

In this community 35 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5455 Delmar
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 years.

3. (a) PRINT FULL NAME Gussie (also Gertrude) Corn

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Barney Corn

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

7. Birth date of deceased Sept. 4, 1880 (Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 14 If less than one day hr. min.

9. Birthplace Warsaw (City, town, or county) Germany Poland 7 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name (unk) Muntlach 7
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name (unk)
15. Birthplace (City, town, or county) (unk) 9 (State or foreign country)

16. (a) Informant Irving Corn
(b) Address 5769 Kingsbury

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director H. B. Berger
(b) Address 4715 McPherson

19. (a) MAR 19 1940 (Date received local registrar) (b) J. D. Baldock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month march day 18 year 1940 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1938 to Mar. 18, 1940, to , 19 ; that I last saw her alive on Mar. 18-1940, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Acute myocarditis	
Due to Thyrotoxicosis	
Hyperthyroidism	
Due to	
Other conditions auricular fibrillation (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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

23. Signature Henry E. Rosenberg M.D. (M. D. or other)

Address 4503 Page Date signed 3/19/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1597

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.