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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16607

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4085

1. PLACE OF DEATH:

(a) County: 1

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 0

(c) City or town: St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No.: 3749 Lincoln Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME: Leonard Cortor 636

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Isabella

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: July (Month) 14 (Day) 1877 (Year)

8. AGE: Years 62. Months 9 Days 21 If less than one day ... hr. ... min.

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

10. Usual occupation: Nil

11. Industry or business:

MOTHER FATHER

12. Name: Isaac Cortor

13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

14. Maiden name: Susie Pilland

15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Leonard Cortor

(b) Address: 3749 Lincoln Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Flat River, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Ave.

19. (a) MAY 7 1940 (Date received local registrar) (b) J. F. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5. year 1940 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from April 1. 1940 to May 5. 1940; that I last saw him alive on May 5. 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumoconiosis

Duration

Due to: Duodenal ulcer, perforated

Due to:

Other conditions: (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: George M. Pike (M. D. or other)

Address: 1515 Lafayette. Date signed 4/6/40

(Licensed Embalmer's Statement on Reverse Side)

4085

4085

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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

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