

0. 2
-13-40
17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9130**
Registrar's No. **2540**

Registration District No. **791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Arthur Corbitt
3. (b) If veteran, name war none
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 Laura Stith Corbitt
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased June 17 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 2
If less than one day
hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Insurance Broker

11. Industry or business
12. Name James M. Corbitt
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Marie E. Jenkins
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Marjorie Corbitt
(b) Address 4914 McPherson Ave.
17. (a) Burial (b) Date thereof 3/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive, St. Louis, Mo.
19. (a) MAR 21 1941 (b) J. M. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 000
(d) Street No. 4914 McPherson Ave.
(If rural, give location) 1-7
9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1941 hour 10:05 minute A.M.
21. I hereby certify that I attended the deceased from July 30, 1930, to March 19, 1941;
that I last saw him alive on March 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to _____
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? _____ (or) Means of injury _____
23. Signature Carl J. Klein (M. D. or other) _____
Address 3606 North 1st Date signed 3-19-41

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.....

..... Robert T. Sangster, Registered Apprentice No. 259
working under my personal supervision.

Signed Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

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, fact should be so stated above.