No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23066

Registration District No. 1 791 Primary Registration District No. 1003 Registrar's No. 5418

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

1. PLACE OF DEATH:

(a) County City of
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. Scott & Le Houge Aves NR
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME EDGAR FREEMAN CORNISH

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

4. Sex male
5. Color or race Col.
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased December 6, 1901
(Month) (Day) (Year)

8. AGE: Years 40 | Months 6 | Days 21 | If less than one day ..... hr. ..... min.

9. Birthplace Saint Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation laborer
11. Industry or business .....

FATHER
12. Name William Cornish
13. Birthplace Madison (City, town, or county) Ind. (State or foreign country)

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

16. (a) Informant Genevieve Pickford
(b) Address So. Kinloch, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Boyd Bros.
(b) Address 3704 Finney Ave, St. Louis
19. (a) JUL 1 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 27 year 1941 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death fracture of Skull & Subdural Hemorrhage of brain inflicted with a rock in the hands of one Otto Crockett, Col. assisted and aided by one Fred Jones, Col., in a hallway in the vicinity of Broadway & Bissell about 10:00 o'clock PM June 26-1941. Homicide

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 168
Of autopsy 1756

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) Homicide
(b) Date of occurrence 6/26/41
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Thomas F Callens (M.D. or other) 3
Address Deputy Coroner Date signed 6/30/41

(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 Don K. Mieschany

Licensed Embalmer No. 4167

P. O. Address 4937 Forest Park St. Louis

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

If this body is not embalmed, fact should be so stated above.