

FILED APR 18 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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:  
Jewish Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 2 months, 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 24 rad

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 4

(d) Street No. 3618 Texas Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -- 0

3. (a) PRINT FULL NAME Lethia O. Corssen

3. (b) If veteran, name war..... (c) Social Security No. --

4. Sex 1 F 5. Color or race W

6. (a) Single, widowed, married, divorced 3 Divorced

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

7. Birth date of deceased Nov. 21 1885  
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days -- If less than one day  
hr. min.

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

10. Usual occupation --

11. Industry or business --

MOTHER FATHER { 12. Name Amos Martin

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

14. Maiden name Martha Boykin

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

16. (a) Informant Virginia Corssen  
(b) Address 3618 Texas Ave

17. (a) Burial (b) Date thereof Mar. 24, 1942  
(Burial, cremation, or re-anoval) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director Reiderwieden F. Home Inc.  
(b) Address 1936 St. Louis Ave

19. (a) MAD (b) J. J. Brodock  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21<sup>st</sup>  
year 1942 hour 3 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 30<sup>th</sup>, 1941, to Mar. 21, 1942  
that I last saw her alive on Mar. 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration Chrs.

Due to terminal myocard. infarction

Due to arteriosclerotic heart disease with hypertensive (arteriosclerotic) heart disease

Other conditions Parasitosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy as above

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?

While at work..... (Specify type of place) (Specify means of injury)

23. Signature J. J. Brodock (M. D. or other) M.D.  
Address Jewish Hosp. Date signed 3/24/42

**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.....

*Dale Warness*....., Registered Apprentice No. *293*  
working under my personal supervision.

Signed.....

*[Signature]*  
Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis Ave*

**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.**