

S. No. 2
M-9-4-41
v. 5-17-39
P-1 X2948

35671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **9427**

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution:
5815 Pennsylvania ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 yrs.**
In this community **50 yrs.**
years, months or days (Specify whether)

3. (a) PRENT FULL NAME **Cornelia F. Maury**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive **1866** years

7. Birth date of deceased **November 10 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **-** Days **1**
If less than one day hr. min.

9. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Artist**

11. Industry or business **Retired**

MOTHER FATHER {
12. Name **William Maury**
13. Birthplace **Liverpool England**
(City, town, or county) (State or foreign country)
14. Maiden name **Cornelia L. Fields**
15. Birthplace **N.O. Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **5815 PENNSYLVANIA AVE**
(b) Address **Greensation**

17. (a) **Nov. 13, 42** (b) Date thereof **Nov. 13, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **Office of the Registrar**
(b) Address **7814 S. Broadway**

19. (a) **NOV 19 1942** (b) **J. F. Beedeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000 17**
(c) City or town **St. Louis** **91**
(If outside city or town limits, write "RURAL")
(d) Street No. **5815 Pennsylvania ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
No Attending Physicians
1922, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **11**
year **1942** hour **10** 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
Paraneoplastic Sclerosis
Arteriosclerosis
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?..... Means of injury.....
23. Signature **Alfred J. Perry** (M. D. or other)
Address **St. Louis** Date signed **11/24/42**

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.....

Paul Q. Shank....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
Paul Q. Shank

Licensed Embalmer No. *3472*

P.O. Address *7814 So. Broadway*

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.