S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22907

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6449

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: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether

In this community 2½ years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson (If outside city or town limits, write "RURAL")

(d) Street No. 602 Forest Ave. (If rural, give location) N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lavon Corn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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 February 28, 1929 (Month) (Day) (Year)

8. AGE: Years 15 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Nihel

11. Industry or business

FATHER
12. Name Floyd Corn
13. Birthplace Indiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Beulah Corn
15. Birthplace Carbondale, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Floyd Corn

(b) Address 602 Forest Ave. Ferguson,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/44 (Month) (Day) (Year)

(c) Place: burial or cremation Cottage Hill, Illinois

18. (a) Signature of funeral director L. M. White

(b) Address Ferguson, Missouri.

19. (a) JUL 22 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1944 hour 7 minute 45 P. 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 Skull with Hemorrhage when the Bicycle he was riding struck a Depression

Due to in the road causing him to loose control of same.

Due to about in front of 311 Ames rd Ferguson Mo around 4:00 pm

Other conditions 7-20-44 (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) ~~[illegible]~~ Accident

(b) Date of occurrence 7-20-44 96

(c) Where did injury occur? Ferguson (City or town) St Louis Co (County) Mo (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 Callanan (M. D. or other)

Address Deputy Coroner Date signed 7-22-44

(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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Hergman, 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.