

FILED APR 12 1946

STANDARD CERTIFICATE OF DEATH
1003

State File No.

Registrar's No. 3019

Registration District No. 318

Primary Registration District No.

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: City Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Augusta Cornet

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife A 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased April 13, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 17 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name August Cornet
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Don't know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

-16. (a) Informant Clara Cornet
(b) Address 3526 A Humphrey St.

17. (a) Burial (b) Date thereof 4-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lynde Blvd

19. (a) MAR 31 1946 (b) J. F. Braedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 N. Florissant Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th
year 1946 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of left femur. Arterio-sclerotic infarction of the brain. Cause of death: fracture of femur. Cause of death: fracture of femur. Cause of death: fracture of femur.

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) Accidents, suicide, or homicide (specify) Accident
(b) Date of occurrence Feb 22 1946
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? _____ (Specify type of place) (e) Means of injury 6 ft

23. Signature Patrick E. Day (M. D. or other) _____
Address St. Louis Date signed 3/30/46

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

9930

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Ludell

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.