

S. No. 2
M-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31652**
Registrar's No. **8004**

FILED 318 24 1946

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1908a Hebert St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 71 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Frances Cortney
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 widowed
6. (b) Name of husband or wife late John Cortney
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October 17th, 1848
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| ✓ | <u>97</u> | <u>10</u> | <u>29</u> | hr. min. |

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER

12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. La Verne Tasker
(b) Address 4721 McPherson Ave.

17. (a) Burial (b) Date thereof 9-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co
(b) Address 2223 St. Louis Ave.

19. (a) SEP 17 1946 (b) J. F. Prebeck
(Date received local) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1908a Hebert St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

26
17
9
0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16th
year 1946 hour 1:30 AM minute M.

21. I hereby certify that I attended the deceased from Sept 7 1946 to Sept 13 1946
that I last saw her alive on Sept 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Senile

Due to Senile
Other conditions (Include pregnancy within 3 months of death) 93

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?

While at work? (Specify type of place) Means of injury 0
23. Signature J. O. Peeler (M. D. or other)
Address 2475 W. P. Linn Ave. Date signed 9/16/46

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 *Al. Mayfield*.....

Licensed Embalmer No. *3077*.....

P. O. Address *2223 St. Louis*.....

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.