

No. 2
5-543
5-17-39
I X36571

FILED JUN 23 1947

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 Mo.

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Bros.
(If not in hospital or institution, write street number or location)

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

In this community Life (Specify whether)

years, months or days

3. (a) PRINT FULL NAME FRANK CORNEJO

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 Jan. 26 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

18	4	12	hr. min.
----	---	----	----------

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

10. Usual occupation Student

MOTHER FATHER

11. Industry or business Jeronimo Cornejo

12. Name St. Louis M.

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

14. Maiden name Sally Monoto

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

16. (a) Informant Jeronimo Cornejo
(b) Address 1830 Victor

17. (a) Burial (b) Date thereof 6/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Central Funeral Home
(b) Address 3029 Lafayette

19. (a) JUN 10 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County ood

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

(d) Street No. 1830 Victor
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1947 hour _____ minute 03 AM

21. I hereby certify that I attended the deceased from 5-24-47
_____ 19 _____ to 6/8/47 19 _____
that I last saw h. IM alive on June 7 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 2 wks. +

Due to acute glomerular nephritis

Due to unknown

Other conditions (Include pregnancy within 3 months of death)

120

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) no

(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) (e) Means of injury _____

23. Signature R. A. Mezera (M. D. _____)
Address 539 N. Broad Date signed 6/11/47

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

David Tai Fossan

Licensed Embalmer No. *4282*

P. O. Address *2029 Lafayette*

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.