

No. 300
10.48

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2240
State File No.

318

1003

Registrar's No. 330

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 20370

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital

d. STREET ADDRESS (If rural, give location) 2732 Russell

3. NAME OF DECEASED (Type or Print)
a. (First) Cornealius b. (Middle) A c. (Last) Autry 4. DATE OF DEATH (Month) (Day) (Year) 1-9-1950

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 4-11-1895 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 4 WKS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Opr

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Tenn

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mary Ruth AUTRY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Work (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 498-28-9755

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Mosley 2738 Russell

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull; Subdural hematoma
INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES suffered in fall down stairs
DUE TO (a) falling to pavement in
DUE TO (b) falling at 1801 So Jefferson Ave
DUE TO (c) about 505 pm Jan 8 1950
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION Accident

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (Specify) Accident HOME/SIDE _____

21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 64006

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 8 505 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR Hit

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1245A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gabriel E. Taylor Cor

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-19-50

24c. NAME OF CEMETERY OR CREMATORY _____

24d. LOCATION (City, town, or county) (State) Kennett Mo

DATE REC'D BY LOCAL REGS. JAN 12 1950

REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service, Inc. 418 1/2 Winchester Ave. St. Louis 10, Mo

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

009 0

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald Dyakne

Licensed Embalmer No. 3917

P. O. Address St Louis 10. 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.