

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42844**

FILED JAN 16 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11593**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **St. Louis City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Stoddard**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Dexter** **1030**
d. STREET ADDRESS (If rural, give location) **Route 1**

3. NAME OF DECEASED (Type or Print)
a. (First) **William** b. (Middle) **Arthur** c. (Last) **Corlew**

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 27, 1951

5. SEX **Male** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **April 23, 1890**

9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **Texas**

12. COUNTRY OF WHAT CITIZEN? **U.S.**

13a. FATHER'S NAME **John Corlew**

13b. MOTHER'S MAIDEN NAME **Liza Nichols**

14. NAME OF HUSBAND OR WIFE **Letha Belle Corlew**

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

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Arthur R. Corlew, Pontiac, Mich.**

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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **Fr. base of skull; Fr. of ribs**
ANTECEDENT CAUSES **subdural hemorrhage; suffered severe decrease fell down a flight of steps leading from first floor to the basement at the Barrister Skin and Cancer Hosp 3427 Washington St**
II. OTHER SIGNIFICANT CONDITIONS **at the Barrister Skin and Cancer Hosp 3427 Washington St**

INTERVAL BETWEEN ONSET AND DEATH _____
19. DATE OF OPERATION _____
20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION **Dec 26 1951 at about 4:20 pm Accident**

21a. ACCIDENT (Specify) **Accident**

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

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

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Dec 26 51 4:20 pm**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **FAD 6900945**

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 **1000A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Patricia E Taylor, Croner**

23b. ADDRESS **1300 Clark**

23c. DATE SIGNED **12 27 51**

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

24b. DATE **12-28-51**

24c. NAME OF CEMETERY OR CREMATORY **City**

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

DATE REC'D BY LOCAL REG. **DEC 28 1951** REGISTRAR'S SIGNATURE **J. Earl Smith Jr**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Albert H. Hoppe, 4700 Washington Blvd.**

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

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 *John J. Steiner*.....

Licensed Embalmer No. *4/08*.....

P. O. Address *St Louis 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.