

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21868

State File No.

FILED JUN 21 1952

318

1003

4613

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
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 Florissant	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #11		d. STREET ADDRESS (If rural, give location) Uitz Lane	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Carroll	c. (Last) Corzine	4. DATE OF DEATH (Month) (Day) (Year) May 16 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 12, 1929	9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Chev-Shell Corp.	11. BIRTHPLACE (State or foreign country) Granite City, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ivie J. Corzine	13b. MOTHER'S MAIDEN NAME Ethel M. Roundtree	14. NAME OF HUSBAND OR WIFE Mary Jean Corzine
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 496-32-1706	17. INFORMANT'S SIGNATURE OR NAME Mary J. Corzine	ADDRESS Florissant R#3-Box 458-a
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Multiple fractures of skull Laceration of brain, suffered when deceased was struck by auto driven by Donald Clarke near Gate #6 in front of about #800		
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Goodfellow Ave., about 12:05 am May 16 1952	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 16 5:21 PM '52	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E8124
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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 **12:05 PM**, from the causes and on the date stated above.

23a. SIGNATURE Wm. Perry Duplora	(Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 5/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-19-1952	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
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DATE REC'D BY LOCAL REG. MAY 19 1952	REGISTRAR'S SIGNATURE J. Earl Smith M.D. R.P.	25. FUNERAL DIRECTOR'S SIGNATURE Barbara Ann Prosser, Inc.	ADDRESS 2504 Woodson Rd. Overland-14-Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 1935

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Oscar F. Mueller

Licensed Embalmer No.

3039

P. O. Address

Aurora 14

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.