No. 300
10.48

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20100

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1369

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1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6920 Waterman Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: N. J.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmingdale 8290
d. STREET ADDRESS (If rural, give location): R.R. #2 8

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Charles
c. (Last): Cornelius

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 3 22 1926
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months I, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Washington University
11. BIRTHPLACE (City and State or Foreign Country): Cheynne Wyoming
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Washington University — ADDRESS:

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self-ingested cyanide poisoning.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Body found lying on a bed in his room at 6920 Waterman Ave. by Mark Bolsterli and James Whalen,
DUE TO (c): fellow students, who also occupied rooms at this address.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 9718
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Room ng house
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): University City St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5/13/53 3:15P m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Self-ingested cyanide poisoning.

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

23a. SIGNATURE: Arnold J. Willmann 3 (Degree or title): Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 5/19/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-19-53
24c. NAME OF CEMETERY OR CREMATORY: Freehold
24d. LOCATION (City, town, or county) (State): Freehold N.J.

DATE REC'D BY LOCAL REG.: 5-17-53
REGISTRAR'S SIGNATURE: Herbert R. Damke-MD
25. FUNERAL DIRECTOR'S SIGNATURE: Louis H. Bopp Inc. — ADDRESS: Kirk

(Licensed Embalmer's Statement on Reverse Side)

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.