

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2676

State File No.

0708

BIRTH NO. FILED FEB 5 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>Hillsdale</u> <u>4161</u>	
c. LENGTH OF STAY (In this place) <u>1 Y. 6 M. 19</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHRONIC HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2140 Overlea</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DOROTHY</u> b. (Middle) <u>CORBIN</u> c. (Last) <u>CORBIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>22</u> <u>1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 14, 1904</u>			9. AGE (In years last birthday) <u>50</u>		10. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry Leimkuehler</u>		13b. MOTHER'S MAIDEN NAME <u>Alice McClain</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Corbin,</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Cordin, Lemay, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>		DUPLICATE (b) <u>Antecedent Causes</u>			<u>years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>	

22. I hereby certify that I attended the deceased from 7/31, 19 52, to Jan. 22, 19 54, that I last saw the deceased alive on Jan. 22, 19 54, and that death occurred at 7:50A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry Esker, M.D.</u> (Degree or title)		23b. ADDRESS <u>5600 Arsenal St.</u>		23c. DATE SIGNED <u>1/22/54</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>1-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wadhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 23 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>os. W. Clark 1125 Hodiamont Ave.,</u>	
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(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.....
Signature of Student Embalmer

Signed *Alfred J. Boedek*
Licensed Embalmer No. *26*

P. O. Address *1125 7th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.