

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28829**
7503

BIRTH NO. _____		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. 7503
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, MISSOURI		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		f. STREET ADDRESS (If rural, give location) 4257 Enright Ave, 21990		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) (ANN)	c. (Last) CORNISH	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 10, 1954
5. SEX Male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 10-1869	9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY clerk	11. BIRTHPLACE (City and State or Foreign Country) Madison, ind.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Cornish,		13b. MOTHER'S MAIDEN NAME Jennie Sharon	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-14,3497	17. INFORMANT'S SIGNATURE OR NAME Nora Mae Monroe ADDRESS 4731 Leduc	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the bladder DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs. few months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 8-10-54	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the bladder		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) 181X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 8-5- , 19 54 , to 8-10- , 19 54 , that I last saw the deceased alive on 8-10- , 19 54 , and that death occurred at 8:48 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE C. J. Vermillion, M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 8-11-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 16, 54	24c. NAME OF CEMETERY OR CREMATORY Washington Park,	24d. LOCATION (City, town, or county) (State) Berkeley, MO.	
DATE REC'D BY LOCAL REG. AUG 13 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bro		ADDRESS 3706 Finney Ave

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..... *Edward A Flynn*

Licensed Embalmer No. *4441*

P. O. Address *St Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.