

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28830

FILED AUG 16 1954

Registrar's No. 7289

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28830			
REGISTRAR'S NO. 7289									
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		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. St. Johns Hospital				e. STREET ADDRESS (If rural, give location) 4423a Marcus Ave.				20790	
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence Charles b. (Middle) Cornoyer c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Aug. 5. 1954						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 22. 1887		9. AGE (In years last birthday) 67	10. UNDER 1 YEAR 3	11. UNDER 15 HRS. 14	12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman Ex			10b. KIND OF BUSINESS OR INDUSTRY Chief St. Louis Fire Dept. St. Louis, Missouri						
11a. FATHER'S NAME Barada Cornoyer			11b. MOTHER'S MAIDEN NAME Ellen Powers			11c. NAME OF HUSBAND OR WIFE Kathryn Cornoyer			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		12. SOCIAL SECURITY NO. no		13. INFORMANT'S SIGNATURE OR NAME Kathryn Cornoyer					ADDRESS 4423a Marcus Ave.
14. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		15. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Airholes Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH Years _____	
16a. DATE OF OPERATION None		16b. MAJOR FINDINGS OF OPERATION None						17. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
18a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		18b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		18c. (CITY, TOWN, OR TOWNSHIP) _____		18d. (COUNTY) _____		18e. (STATE) _____	
19a. TIME OF INJURY (Month) (Day) (Year) (Hour) None		19b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19c. HOW DID INJURY OCCUR? _____				5810	
20. I hereby certify that I attended the deceased from _____, 19 44 to _____, 19 54 , that I last saw the deceased alive on _____, 19 54 , and that death occurred at _____, from the causes and on the date stated above.									
21a. SIGNATURE Showmiller M.D.				21b. ADDRESS 408 Humboldt		21c. DATE SIGNED 5 Aug 54			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE Aug 7, 1954		22c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		22d. LOCATION (City, town, or county) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. AUG 6 1954		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE Dennis Nicholas		ADDRESS 1431 Union Blvd.			

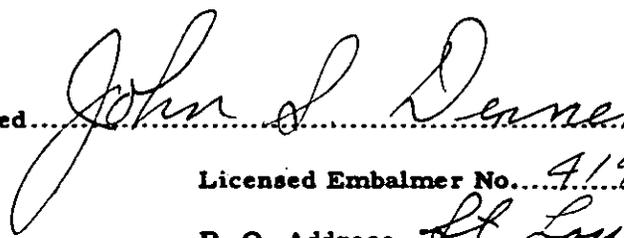
(Licensed Embalmer's Statement on Reverse Side)

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.....


Licensed Embalmer No..... 412

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.