

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **15525**
 Registrar's No. **909**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON	c. LENGTH OF STAY (In this place) 21 DAYS	c. CITY OR TOWN WELLSINGTON	d. In 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 St. Louis Co. Hosp.		e. STREET ADDRESS (If rural, give location) 1207 DELAWARE	

3. NAME OF DECEASED (Type or Print) a. (First) Willard b. (Middle) _____ c. (Last) Corless	4. DATE OF DEATH (Month) (Day) (Year) 4-4-57
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3-25-1916	9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY EXCAVATING	11. BIRTHPLACE (City and State or Foreign Country) CHESTERFIELD, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME DAVID CORLESS	13b. MOTHER'S MAIDEN NAME HOUSE BOENM	14. NAME OF HUSBAND OR WIFE HELEN CORLESS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW 2	16. SOCIAL SECURITY NO. 491-14-6081	17. INFORMANT'S SIGNATURE OR NAME Edgar Corless, Chesterfield Mo	ADDRESS Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of Brain due to Gun Shot Wound		INTERVAL BETWEEN ONSET AND DEATH 20 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound of Forehead		20 days
	DUE TO (c) Compound. comminuted Skull Fracture		20 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia			15 days

19a. DATE OF OPERATION 3/17/57	19b. MAJOR FINDINGS OF OPERATION Laceration of Brain	20. AUTOPSY F-976x YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chesterfield, St. Louis, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 15 '57 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gunshot wound of head

22. I hereby certify that I attended the deceased from **3-15-57**, 1957, to **4-4-57**, 1957, that I last saw the deceased alive on **4-4-57**, 1957, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard H. King M.D.	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 4-4-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-8-57	24c. NAME OF CEMETERY OR CREMATORY HIRAM CEMETERY	24d. LOCATION (City, town, or county) (State) CREVE COEUR, Mo.
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DATE REC'D BY LOCAL REG. 4-5-57	REGISTRAR'S SIGNATURE Herbert A. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE General Home, Ballwin, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 3 1957

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..... *Richard Boyd*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.