THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007916

STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 501

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Richmond Heights — Inside Limits Yes [x] No [ ]	c. CITY OR TOWN University City 4376 — Inside Limits Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) 7436 University Dr. — Reside on Farm Yes [ ] No [x]

3. NAME OF DECEASED (Type or print) First BIRDELL Middle Last CORBY

4. DATE OF DEATH Month Day Year Feb. 19, 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH June 9, 1874

9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James G. Doyle

13b. MOTHER'S MAIDEN NAME Mary Graham

14. NAME OF HUSBAND OR WIFE William E. Corby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Mrs. Jeanne Coudy, 7436 University Dr. St. L 5

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) adhesions — 2 mos.

DUE TO (c) operation for carcinoma of anus

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1915

19. WAS AUTOPSY PERFORMED? YES [x] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/22/58, to 2/19/59 and last saw her/him alive on 2/19/59. Death occurred at 2/19/59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Francis J. Burns M.D.

22b. ADDRESS 4660 Maryland Ave.

22c. DATE SIGNED 2/21/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 2/21/59

23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Louis H Bopp Inc. ADDRESS Kirkwood Mo.

25. DATE RECD. BY LOCAL REG. 2-20-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D./pb

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Francis J. Weyland Jr.

Licensed Embalmer No. 4512

P. O. Address Richmond, Me.

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.