

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6872 - 61-026698
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6872

FILED AUG 3 1961

AMENDED

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3031 Vine Grove				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin Connell Cornell			4. DATE OF DEATH Month Day Year 7 21 61			5. SEX Male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH 7-19-1879		9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and state or country) Clarksdale, Tenn.				12. CITIZEN OF WHAT COUNTRY USA.		13a. FATHER'S NAME Turner Cornell Connell			13b. MOTHER'S MAIDEN NAME Maggie Long				
14. NAME OF HUSBAND OR WIFE Claude Cornell			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT Claude Cornell Address 3031 Vine Grove				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH Undet. Undet.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7-19-61 to 7-21-61 and last saw ⁸⁶ him alive on 7-21-61 Death occurred at 7:10 p. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Sidney A. Frasey</i> (Degree or title) M.D. M.D. 2601 N. Whittier St. M.D. 2601 N. Whittier St.		22c. DATE SIGNED 7-22-61		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-25-1961		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Reliable Funeral Sys, Inc. 1389 N. Union				25. DATE REC'D. BY LOCAL REG. JUL 24 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>							

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
8/21/61

INSTEAD OF
Cornell

ITEM NO. SHOULD READ
3, 13a, 17 Cornell

DOCUMENT INS. record

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Inf.

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 Clarence Croon

Licensed Embalmer No. 4755

P. O. Address 1389 Union

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.