

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7214 STATE FILE NUMBER

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO.</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis Mo.</u>                     |  | c. CITY OR TOWN <u>St. Louis Mo.</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>George Washington Hotel</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>George Washington Hotel</u>  |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Frank</u> Middle <u>C.</u> Last <u>Cornet</u> |  |  | 4. DATE OF DEATH<br>Month <u>Aug.</u> Day <u>1,</u> Year <u>1961</u> |  |  |
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|                 |                           |   |                                 |                                  |                                |                              |
|-----------------|---------------------------|---|---------------------------------|----------------------------------|--------------------------------|------------------------------|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>9-11-89</u> | 9. AGE (last birthday) <u>71</u> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-----------------|---------------------------|---|---------------------------------|----------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br><u>Architect</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>-</u> | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>Henry L. Cornet</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Annie Chapman</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Unice (Dev.)</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>Yes</u> | 16. SOCIAL SECURITY NO.<br><u>MM #1</u> | 17. INFORMANT<br><u>Harry L. Cornet 7161 Waterman</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u><br><u>15 yrs</u> |
| DUE TO (b) <u>Carcinoma Prostate</u>  |  |  |
| DUE TO (c) <u>177Y</u>  |  |  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
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|---------------------------------------|------------------|
| 20c. TIME OF INJURY<br>Hour a.m. p.m. | Month, Day, Year |
|---------------------------------------|------------------|

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| 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<br>COUNTY STATE |
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21. I attended the deceased from Jan 1 1961 to Aug 1/61 and last saw her alive on Aug 1 1961  
Death occurred at 10P m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><u>Nathaniel M. D</u> | 22b. ADDRESS<br><u>3720 Washington</u> | 22c. DATE/SIGNED<br><u>8/3/61</u> |
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|  |                            |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>8-4-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary</u> | 23d. LOCATION (City, town, or county)<br><u>St. Louis, Mo.</u> |
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| 24. FUNERAL DIRECTOR<br><u>Arthur J. Donnelly 3840 Lindell</u> | 25. DATE RECD. BY LOCAL REG.<br><u>AUG 3 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u> |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

2:30 pm

**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 Hillion

Licensed Embalmer No. 3565

P. O. Address 3840 Line

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.