MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8064

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Deaconess Hospital St. ..... Ward)

File No. ..... Registered No. 2436

2. FULL NAME Frank E. Codding

(a) Residence. No. 631 Fauquier Drive St., 4 Ward. St. Louis Co. Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5a. If Married, Widowed, or Divorced
HUSBAND OF (OR) WIFE OF Lydia A. Codding

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	8	5	

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Iron Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mansfield
(STATE OR COUNTRY) Massachusetts

PARENTS

10. NAME OF FATHER John A. Codding
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mansfield
(STATE OR COUNTRY) Massachusetts
12. MAIDEN NAME OF MOTHER Abbie K. Harding
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mansfield
(STATE OR COUNTRY) Massachusetts

14. INFORMANT F. Codding
(Address) 631 Fauquier Dr.

15. FILED FEB 23 1931 Neal C. Stokes M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1931 to Feb 22 1931 that I last saw him alive on 8 P.M. 2/21/31; and that death occurred, on the date stated above, at 8 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis / Valvular disease
4 yr
51 "
Chr. D. (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Larynx
Bladder (duration) about 1 yr. mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Deaconess Hospital
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory, History, X Ray Etc
(Signed) L. Schuslent, M. D.
2/23 1931 (Address) 945 Mo. Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine — DATE OF BURIAL Feb 24 1931

20. UNDERTAKER Wagoner U. Co — ADDRESS 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.