

AUG - 5 1937

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

Do not use this space.

25733

1. PLACE OF DEATH

 County
 Township
 City St Louis
 Registration District No. 791
 Primary Registration District No. 1003
 (No. 4100 Michigan Ave. St. Ward)

 File No.
 Registered No. 6907
2. FULL NAME Henry Cordes
 (a) Residence, No. 4100 Michigan Ave., 15 Ward.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina Cordes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 5

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Copper-Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.13. NAME Anton Cordes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know17. INFORMANT Christina Cordes (ADDRESS) 4100 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL

New SS. Peter and Paul DATE July 21, 193719. UNDERTAKER J. H. [unclear] and U. Co. (ADDRESS) 2842 Meramec St.20. FILED 191937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 193722. I HEREBY CERTIFY, That I attended deceased from 4-15, 1937, to 7-18, 1937
 I last saw him alive on 7-18, 1937. Death is said to have occurred on the date stated above, at 3:53 P. m.

The principal cause of death and related causes of importance were as follows:

Niploeritis Intestinalis Chronic Date of onset

Other contributory causes of importance:

Arteriosclerosis
Hernia Abdominal bilateralName of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
 (Signed) H. S. Jacoby, M. D.
 (Address) 3330 So. Grand
St Louis Mo.

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.

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