

DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37544
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. BARNES HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 9871

2. PRINT FULL NAME Howard Anderson McCordock

(a) Residence, No. 23 E. Big Bend St. N.R. Webster Groves, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mrs. Ruth D. McCordock.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Doctor.
9. Industry or business in which work was done, as 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) New York City. (STATE OR COUNTRY) N.Y.13. NAME Robert McCordock.14. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY) 515. MAIDEN NAME Sarah Anderson.16. BIRTHPLACE (CITY OR TOWN) Ireland. (STATE OR COUNTRY) 517. INFORMANT Mrs. Ruth D. McCordock. (ADDRESS) 331 E. Big Ben Road. Web. Groves18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 11-16-3819. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly. (ADDRESS) 3840 Lindell Blvd.20. FILED NOV 15 1938 19 J. T. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1938, to November 13, 1938
I last saw him alive on November 13, 1938. Death is said to have occurred on the date stated above, at 11:25 p.m.
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease with Aortic Stenosis
Cardiac Decompensation
Date of onset
Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. 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 injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Edward Massie M. D.
(Signed) Edward Massie (Address) BARNES HOSPITAL

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

William Matro

Licensed Embalmer No.

2825

P. O. Address.....

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 this body is not embalmed, above space should be left blank.