

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

**37804**  
Do not use this space.

DEC 12 1938

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1002**  
 (c) City **St. Louis** (d) Street No. **Alexian Brothers Hospital** Registered No. **19174** St. **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.

**2. PRINT FULL NAME**

**Edward Cordes**  
 (a) Residence, No. **2801a Chippewa** St. **24** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 27, 1872**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**65 11 24**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Unemployed**  
 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) **St. Louis**  
 (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Frederick Cordes**  
 14. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Bernadine Streutker**  
 16. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

17. INFORMANT **Mrs. Minnie Berg**  
 (ADDRESS) **3573 Indiana**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Concordia Cemetery** DATE **Nov. 23 1938**

19. FUNERAL DIRECTOR (NAME) **Beiderwieden Fu. Home, Inc.**  
 (ADDRESS) **1936 St. Louis Avenue**

20. FILED **NOV 23 1938**  
**J. Bredeck** Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, that I attended deceased from **Oct 21** to **Nov 21 1938**  
 I last saw him alive on **Nov 21 1938** Death is said to have occurred on the date stated above, at **7:45 PM**

The principal cause of death and related causes of importance were as follows:  
**Pneumo-Pneumonia** Date of onset **1938**  
**Ch. Bronchitis** **1938**  
**Septicemia**  
**Organic Intestinal**  
 Other contributory causes of importance:  
**Atterus Cardio Cordis**  
**Sclerosis**

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

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?  
 If so, specify **Chronic Bronchitis**  
 (Signed) **Chas. W. ...** M. D.  
 (Address) **Albion ...**

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.

Dr. J. P. Buckley  
Univ. Dist. R. 104

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**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.....

Licensed Embalmer No.....

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.**