

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **40**

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
503 S. Fifth Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)
 In this community Life Time

3. (a) PRINT FULL NAME John Xavier Cordes

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Menne 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November 29 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 20 If less than one day hr. min.

9. Birthplace St. Claire County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Merchant

11. Industry or business

MOTHER FATHER { 12. Name Henny Cordes

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katharine Kell

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Albin Cordes

(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Feb. 22-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Josephs Cemetery, Cottleville

18. (a) Signature of funeral director H.C. Ballenger & Son, Inc.

(b) Address 800 N. Second, St. Charles, Mo.

19. (a) 2-22-40 (b) Albin Cordes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 503 S. Fifth Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?

CORONERS MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
 year 1940 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Held Inquest to 2-20-1940, 1940
 that I last saw h. alive on 19

and that death occurred on the date and hour stated above.

Immediate cause of death Natural Causes

Coronary Occlusion

Due to 94

Due to 94

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None

Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? St. Charles, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury 1

23. Signature Johnst Buse CORONER 1
(M.D. number)

Address St. Charles Co. Mo. Dated 2/20/40

Duration ✓
 PHYSICIAN —
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 1 x1931

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.

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 John C. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St. Charles Mo

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.