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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33772

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8469

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4814 Northland Ave 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

0

(d) Street No. 4814 Northland Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME STEPHEN CORDES

3. (b) If veteran, name war None

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 Cordes nee Simonton

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased September 28 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	0	12	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation City Fireman 6

11. Industry or business 0

FATHER
12. Name Casper Cordes
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Neidemeyer
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Cordes
(b) Address 4814 Northland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/40 (Month) (Day) (Year)
(c) Place: burial or cremation Fort Wayne, Indiana

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 12 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10 year 1940 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 11, 1939, 19..., to Oct. 5, 1940, 19...; that I last saw h... alive on Oct. 5, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHRONIC MYOCARDITIS	ONE YEAR
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) NONE	

Major findings: Of operations NONE

Of autopsy NO

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence
(c) Where did injury occur? NO INJURY (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)
While at work? (e) Means of injury

23. Signature S. A. Vanstrefen (M. D. or other)
Address 8313 HALLS FERRY RD. CITY Date signed 10/11/40

(Licensed Embalmer's Statement on Reverse Side)

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. 2967

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.