

No. 2  
7-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22808

State File No. ....

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1183

1. PLACE OF DEATH

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8149 Gravois Miller Convalescent  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2622 Tennessee 9  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James E. Cody

3. (b) If veteran, name war none 3. (c) Social Security No. 489-05-5571

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

6. (b) Name of husband or wife Tillie Cody 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 23 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>2</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Chauffeur

11. Industry or business \_\_\_\_\_

12. Name Thomas Cody

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

14. Maiden name Mary Condon

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

16. (a) Informant Mrs Tillie Cody

(b) Address 2622 Tennessee

17. (a) Burial (b) Date thereof 6/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director E. J. Schnur  
(b) Address 3125 Lafayette

19. (a) JUN - 5 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1941 hour 9:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April 16, 1941 to June 3, 1941  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Regurgitation

Due to 92a

Other conditions Cardiac Decompensation  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no (Specify type of place) \_\_\_\_\_

(e) Means of injury SPORNEIAN

23. Walter H Sporneman  
Address 1506 St. Louis Date signed 6/5/41

Duration Don't know

Subk

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

NOV 14 1944

**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..... *Jose Ballma* .....  
Licensed Embalmer No. *4014* .....  
P. O. Address *3125 Lafayette Ave* .....

**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, fact should be so stated above.**