

FILED FEB 24 1942

Registration District No. 791 Primary Registration District No. 1003

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

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:
3328 Louisiana Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
 In this community..... 47 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3328 Louisiana Avenue
(If rural, give location)
 (e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME MAGGIE RADCLIFF
 3. (b) If veteran, name war..... none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 27
 year 1942 hour 3 minute 12 P.M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife..... James Cordes
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased November 19, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 24 1942 to January 27 1942
 that I last saw him alive on January 27, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 2 Days 8
 If less than one day
 hr. min.

Immediate cause of death.....
 Due to Chronic Endocarditis
Bacterial Hemorrhage
 Other conditions:
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housework
 11. Industry or business at home

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Signature: [Signature]

MOTHER { 12. Name Pete Fredericks
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Opoloni Sutter
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Silas Ollar (son)
 (b) Address 3528 Louisiana Avenue
 17. (a) Burial (b) Date thereof 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthews Cemetery

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?
(Specify type of place)

18. (a) Signature of funeral director [Signature]
 (b) Address 2301 Lafayette Avenue
 19. (a) 1942 09 10 42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address 4126 E. Central Blvd Date signed 1/28/42

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 *L.P. Casper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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.