

FILED SEP 20 1944
Registration District No. **518**

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:
1802 1/2 OREGAN AV.
(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

3. (a) PRINT FULL NAME ROBERT LEE CORDREY
3. (b) If veteran, name war _____
3. (c) Social Security No. 572-05-7617

4. Sex MALE **5. Color or race** WHITE **6. (a) Single, widowed, married, divorced** SINGLE
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased JUNE 27 1903
(Month) (Day) (Year)

8. AGE: Years 41 Months 2 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation FLANGER

11. Industry or business SHIPYARD

12. Name ORIS CORDREY

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

14. Maiden name SARAH HEBBETHWAITE

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

16. (a) Informant Mr. J. M. Cloud
(b) Address 1802 1/2 Oregon Av.

17. (a) REMOVAL **(b) Date thereof** SEPT 13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GIRARD, KANSAS

(e) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.

19. (a) SEP 13 1944 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

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. 1802 1/2 OREGAN AV. 23
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 13
year 1944 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Hypertensive Myocarditis
Chrom. Intestinal Neoplasm
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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) _____
While at work? _____ (a) Means of injury _____
23. Signature Alfred Perry (M.D. or other) _____
Address _____ Date signed 9/13/44

FEB 20 1945

JAN 26 1945

01 10 17

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.....

Joseph B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 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, fact should be so stated above.