

FILED DEC 3 1944

Registration District No. 3194

Primary Registration District No. 3068

Registrar's No. 2414

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7363 Elm Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7363 Elm Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Leonias Hamlin Cordry

3. (b) If veteran, name war Spanish Amer. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 28, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Contract Trucking

11. Industry or business.....

12. Name Lorenzo Cordry

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

14. Maiden name Lydia Smith

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

16. (a) Informant Lemuel Cordry

(b) Address 7363 Elm Ave Maplewood, Mo.

17. (a) Burial (b) Date thereof Nov. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester, Maplewood, Mo.

19. (a) DEC 1 1944 (b) E. J. McClausen, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1944 hour 5:30 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Nov 22 1944 to Nov 26 1944
that I last saw him alive on Nov 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to.....

Due to.....

Other conditions.....
(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?
.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Vincent J. Townsend (M. D. or other) MD
Address 3101 Sullon Ave Maplewood Mo Date signed 11-27-44

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

96

5

96

5

10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 14 1946

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.