. S. No. 2
FILED SEP 1 1945
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25537

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 7478

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3869 Windsor 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry Cordell

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Negro

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 Feb (Month) 22 (Day) 1862 (Year)

8. AGE: Years 83 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Jefferson City-Mo- Slates
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace " " " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " " "
15. Birthplace " " " 0
(City, town, or county) (State or foreign country)

16. (a) Informant Ina Thomas
(b) Address 3869 Windsor pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Manuel
(b) Address 4059 Finney Ave.

19. (a) AUG 28 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26, year 1945 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from August 24, 1945 to August 26, 1945 that I last saw him alive on August 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Marasmus	Unk.
Dehydration	Unk.
Due to Arteriosclerosis	
Due to	
Other conditions Generalized Arteriosclerosis. (Include pregnancy within 3 months of death)	Unk.

Major findings:
Of operations 97
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? (e) Means of injury

23. Signature B. F. Murphy (M. D. or other)
Address 2601 N. Whittier Date signed 8/27/45

(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 James A. Ohnson

Licensed Embalmer No. 3522

P. O. Address 3704 Franey a

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.