

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

FILED JAN 18 1945  
Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 11293

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:  
Mo. Baptist Hospital  
(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..... Mo...... (b) County..... 0-00  
 (c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5108a Wabada Ave.  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME..... Leo I. Coddington  
 3. (b) If veteran, name war.....  
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd.  
 year 1945 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 20th  
1945 to Dec 22nd 1945  
 that I last saw him alive on Dec 21st 1945  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife..... Kate Coddington  
 6. (c) Age of husband or wife if alive..... 65 years  
 7. Birth date of deceased..... April 15th 1877  
(Month) (Day) (Year)

Immediate cause of death.....  
Occlusion of the Coronary Artery of the heart.  
 Due to Arteriosclerosis  
 Duration

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>8</u>	<u>7</u>	hr. min.

Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)  
Manic Depressive Insanity  
Depressed Phase.  
 Major findings:  
 Of operations.....  
 Of autopsy..... None

9. Birthplace..... St. Louis Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation..... Real Estate Salesman

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

11. Industry or business..... Retired  
 12. Name..... Unknown  
 13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name..... Unknown  
 15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Kate Coddington  
 (b) Address..... 5108a Wabada Ave.  
 17. (a) Burial (b) Date thereof..... 12-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation..... Bethany Cem. rehmann-Harral  
 18. (a) Signature of funeral director.....  
 (b) Address..... 1905 Union Blvd.  
 19. (a) DEC 24 1945 (b) J. F. Bredech  
(Date received local registrar) (Registrar's signature)

While at work?.....  
(Specify type of place) Means of injury.....  
 23. Signature.....  
 Address..... 634 N. Grand Blvd. Date signed..... 12/24/45

Je 5162

Dr. Arthur Thompson  
The Theatre Bldg.

2-4  
JES 162

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..... *Albert R. Thompson Jr.*.....

Licensed Embalmer No. *4237*.....

P. O. Address..... *St. Louis*.....

**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.**