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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18293

FILED MAY 16 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4040

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: Missouri Baptist Hosp.
(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 Missouri (b) County St. Louis

(c) City or town Webster Groves, Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 112 Spencer Rd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Cordes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 24, 1946
(Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Alois F. Cordes
13. Birthplace St. Charles Co. Welden Springs (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mathelda M. Knoll
15. Birthplace O'Fallen (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alois F. Cordes
(b) Address 112 Spencer Rd.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director M. J. Coughlin
(b) Address 7146 Manchester Ave

19. (a) MAY 3 1946 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1946 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from April 27, 1946, to May 3, 1946, that I last saw him alive on May 2, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Mongolism — Duration 1

Due to

Due to

Other conditions Myocardial dilatation
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pleural effusion Liver & spleen engorgement. Peritonitis

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature H. F. Bergman (M. D. or other) M.D.
Address 3220 Washington Date signed 5/3/46

(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 Henry W. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.