

Registration District No. 318

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY INFIRMARY HOSPITAL
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5/15/46 to 5/16/46
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME M. CORDELIA TEEL

3. (b) If veteran, name was no 3. (c) Social Security No. no

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 23 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 2 If less than one day
hr. _____ min. _____

9. Birthplace Dawson Springs, Ky
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name NENSER
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant CITY INF. RECORDS

(b) Address 5800 ARSENAL ST.

17. (a) Cremation (b) Date thereof 5-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director W. H. Brodeur

(b) Address 2929 S. Jefferson Ave.

19. (a) MAY 16 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County one
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2814 MC NAIR.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 15
year 1946 hour 5 minute 25a. M.

21. I hereby certify that I attended the deceased from 3/22, 1946 to 5/15, 1946
that I last saw her alive on 5/15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Bilateral, Terminal

Due to Carcinoma, Breast, left
Primary - breast
Due to Carcinoma, Face, left

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?

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

23. Signature J. H. Brodeur (M. D. or other) MD
Address 5800 Arsenal Date signed 5/18/46

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

MOTHER FATHER

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

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

2929 Jefferson

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.