

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

2346
State File No. _____
Registrar's No. **483**

FILED JAN 27 1947
Registration District No. **318**

Primary Registration District No. _____

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:
4919 Natural Bridge Ave.
(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)

3. (a) PRINT FULL NAME **Henry L. Cody**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Christine Cody** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 22 1873**
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **22** If less than one day _____ hr. _____ min.

9. Birthplace **Atlanta Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Physician**

11. Industry or business _____

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 **Christine Cody**

(b) Address **4919 Natural Bridge**

17. (a) **Removal** (b) Date thereof **1-15-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Edwardsville, Ill.**

18. (a) Signature of funeral director **Marks-Weber Fun. Home**
(b) Address **Edwardsville, Ill.**

19. (a) **JAN 15 1847** (Date received local registrar)
J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4919 Natural Bridge**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14** day **January**
year **1947** hour **5:15** minute _____ P. M.

21. I hereby certify that I attended the deceased from **midnight**
Jan. 9 1947 to **Jan 14** 1947
that I last saw him alive on **Jan 14** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: **Congestive Heart Failure**

Due to **Myocarditis Chronic**

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Howard M. Foster

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 _____

23. Signature **Howard M. Foster** (M. D. or other) _____

Address **5059 A St. Louis Ave** Date signed **Jan 15 1947**

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

MOTHER FATHER

MAR 6 1957

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..... *Ralph C. Lenders*
Licensed Embalmer No. *4275*
P. O. Address..... *St. Louis, Mo*

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.