

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

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 2108 Wharf b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2110 Wharf		d. STREET ADDRESS (If rural, give location) 2108 Wharf	
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) L. c. (Last) Cordell		4. DATE OF DEATH (Month) (Day) (Year) Jun 2 1949	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 16, 1936
9. AGE (In years last birthday) 12		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) St. Louis, Mo
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME James Cordell		13b. MOTHER'S MAIDEN NAME Lucille Shortzer	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lucille Mojino - 2108 Wharf
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. E919.0		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage following gunshot wound of lower surface of hand of left hand of dec. Listed Martin ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) when shot with gun in the hands of dec. Listed Martin DUE TO (c) fatal at 8:15 PM January 2nd 1949. at 2110 No. Wharf	
19a. DATE OF OPERATION 19		19b. MAJOR FINDINGS OF OPERATION 104 Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 2 1949 8:15 P M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Gatuck E Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1-4-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 6 1949	
24c. NAME OF CEMETERY OR CREMATOR National Friends Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. JAN 4 1949		REGISTRAR'S SIGNATURE J. B. Sasator	
25. FUNERAL DIRECTOR'S SIGNATURE Edward Koch & Son		ADDRESS 3516 N. 14th	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ronald Yohake

Licensed Embalmer No. 3917

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.