

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

139113

State File No. _____
Registrar's No. **3536**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3536			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169					
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3907 Dunnica				d. STREET ADDRESS (If rural, give location) 3907 Dunnica		0					
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) L. c. (Last) Cody			4. DATE OF DEATH (Month) 4 (Day) 15 (Year) 51								
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 5, 1877		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Andrew Mahoney			13b. MOTHER'S MAIDEN NAME Catherine Keeley		14. NAME OF HUSBAND OR WIFE Edward J.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Joseph E. Cody-3907 Dunnica						ADDRESS _____	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH few hrs			
	ANTECEDENT CAUSES			DUE TO (b) Coronary Arteriosclerosis				4 yr			
				DUE TO (c) Chronic Bronchitis				4 yrs ago			
	II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O1							
22. I hereby certify that I attended the deceased from Apr 10, 1951 to April 14, 1951 , that I last saw the deceased alive on 4-14-1951 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE Joseph E. Cody				(Degree or title) _____		23b. ADDRESS 506 Olive St		23c. DATE SIGNED 4-10-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/18/51	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri						
DATE REC'D BY LOCAL REG. APR 16 1951		REGISTRAR'S SIGNATURE J. B. Casater			25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldrich		ADDRESS 3634 Gravois				

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank J. Paul Sr.

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*2675
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.