

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1952

14142

State File No. \_\_\_\_\_

318

1003

Registrar's No. 11448

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11448			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>		4870			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>325 W. Felton</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDGAR</u>		b. (Middle) <u>E.</u>		c. (Last) <u>CODORI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 25, 1893</u>			
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>George Codori</u>			13b. MOTHER'S MAIDEN NAME <u>Cornelia Florence</u>			14. NAME OF HUSBAND OR WIFE <u>Emma K.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Emma K. Cordori</u>		ADDRESS <u>325 W. Felton, Lemay, Mo. 2</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
				DUE TO (c) <u>Chronic Interstitial Nephritis</u>				<u>3 yrs.</u>	
				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 checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>					
22. I hereby certify that I attended the deceased from <u>Nov. 28, 1951</u> , to <u>Dec. 23, 1951</u> , that I last saw the deceased alive on <u>Dec. 23, 1951</u> , and that death occurred at <u>5 A. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. L. Keeter M.D.</u>				23b. ADDRESS <u>3606 Gravois</u>		23c. DATE SIGNED <u>12-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 27, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>St. Trinity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>2000 Lemay Ferry Road</u>			
DATE REC'D BY LOCAL REG. <u>DEC 26 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. &amp; L. Co.</u>		ADDRESS <u>7814 So. Broadway, St. Louis, Mo. 11</u>			

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schencker

Licensed Embalmer No. 2679

P. O. Address 7814 J. Broadway

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.