

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

44264

State File No. ....

**FILED FEB 14 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4165

2000  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <span style="float:right">2249</span>	
c. LENGTH OF STAY (in this place) <b>6 mo</b>		d. STREET ADDRESS (If rural, give location) <b>3119 So. Broadway</b> <span style="float:right">1</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>			
3. NAME OF DECEASED a. (First) <b>MICHAEL</b> b. (Middle) <b>F</b> c. (Last) <b>CODY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 28, 1951</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>May 4, 1876</b>
9. AGE (In years last birthday) <b>75</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman (Retired)</b>	11. BIRTHPLACE (State or foreign country) <b>Ireland</b> <span style="float:right">4</span>
12. CITIZEN OF WHAT COUNTRY? _____		13. KIND OF BUSINESS OR INDUSTRY <b>Anheuser-Busch Co.</b>	
13a. FATHER'S NAME <b>Patrick F. Cody</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Lawler</b>	
14. NAME OF HUSBAND OR WIFE <b>Elsie</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Kathleen Burke</b> ADDRESS <b>6305 Olive Str. Road</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Myocarditis</b> ANTECEDENT CAUSES <b>Chr. Nephritis</b> Aborbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>old osteo rt. Leg</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		592K	
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? _____			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1951, to <b>Dec 28</b> , 1951, that I last saw the deceased alive on <b>Dec 28</b> , 1951, and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>C. H. Denny M.D.</b> (Degree or title)		23b. ADDRESS <b>Creve Coeur Mo</b>	
23c. DATE SIGNED <b>12-30-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-31-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-3-52</b>		REGISTRAR'S SIGNATURE <b>Robert P. ...</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>McLaughlin</b> ADDRESS <b>2301 Lafayette Avenue</b>			

**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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2377 Lafayette

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.