

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23090**  
Registrar's No. **1710**

XC-241 37 15  
REG. # **102 864**  
BIRTH NO. **FILED JUL 15 1952** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500**

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>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO.</b> <b>2089</b>	
c. LENGTH OF STAY (in this place) <b>5 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1923A HODIAMONT</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HSOP.</b>			
3. NAME OF DECEASED a. (First) <b>WILLIAM</b> (Type or Print)			b. (Middle) <b>F.</b>
c. (Last) <b>CODY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 22, 1952</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 31, 1875</b>
9. AGE (In years last birthday) <b>76</b>		# UNDER 1 YEAR Months	# UNDER 1 Mts. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BLACKSMITH (RETIRED 20 YEARS)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SMITHERY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>ROBERT CODY</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MANSFIELD</b>	
14. NAME OF HUSBAND OR WIFE <b>MARY CODY</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION <b>OCCCLUSION OF CORONARY ARTERY</b>  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES  DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> <b>XD</b>  DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS</b>  11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>4200</b>	
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?			
22. I hereby certify that I attended the deceased from <b>JUNE 17, 1952</b> , to <b>JUNE 22, 1952</b> , and that death occurred at <b>8:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John A. Water</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VAH, JEFF. BRKS, MISSOURI</b>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUN. 26, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>6-23-52</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>KRIEGSHAUSER</b> ADDRESS <b>4228 S. KINGSHIGHWAY</b>	

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

(Licensed Embalmers' Statement on Reverse Side)  
**35W**

357 8 7 1932

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 Edwin A. M. Permitt

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.