

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16604

State File No. ....

XC 8 297 330  
R.# 109510  
MAY 9 1953

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1180

4000

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>NORMANDY</b> <b>7171</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>27 days</b>		e. STREET ADDRESS (If rural, give location) <b>7350 BURRWOOD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>VETERANS ADMINISTRATION HOSP.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DONALD</b>		b. (Middle) <b>J.</b>	c. (Last) <b>CODEMO</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>4-24-53</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	8. DATE OF BIRTH <b>1-7-25</b>
9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MECHANIC</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>PLASTIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SCHRAM CITY, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOHN CODEMO</b>		13b. MOTHER'S MAIDEN NAME <b>GOLDIE SHELTON</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>YES WWII</b>		16. SOCIAL SECURITY NO. <b>492 20 0484</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GENERALIZED METASTATIC CARCINOMA</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) TERATO CARCINOMA OF LEFT TESTICLE</b>  <b>DUE TO (c)</b>  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 checked="" 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) <b>VA</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>3-26-53</b> , 19___, to <b>4-24-53</b> , 19___, and that death occurred at <b>9:55A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. F. Fadden, Jr.</b>		(Degree or title) <b>FADDEN, JR. M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF. BKS, MO.</b>
23c. DATE SIGNED <b>4-24-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>April 27, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>
DATE REC'D BY LOCAL REG. <b>4-25-53</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Donohue</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Shepard Funeral Home, 1167 Hamilton Ave</b>	

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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.....  
Signature of Student Embalmer

Signed.....  
*Fred J. Larmer*

Licensed Embalmer No. *4788*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.