

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39304
STATE FILE NUMBER

FILED NOV 28 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar 10130

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Hospital			Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 2823 A. Sheridan Ave.	
3. NAME OF DECEASED (Type or print) John Westley Cody			4. DATE OF DEATH Nov, 5, 1956.		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec, 6, 1954.	9. AGE (In years last birthday) I 10 29 Month Day Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Hollivan W. Cody			14. MOTHER'S MAIDEN NAME Helena Cody Gilbert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Helena Cody 2823 A. Sheridan		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Fracture of Skull; Subdural Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) suffered when run over by truck DUE TO (c) backing out of lot in rear of 1030 Sheridan Avenue about PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) 1030 ave., November 5, 1956					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) being operated by one Harbut			
20c. TIME OF INJURY Hour a. m. 1030 Month, Day, Year 11 5 56		Cody. E-812-0			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Lot		20f. CITY, TOWN, OR LOCATION COUNTY 25 STATE St. Louis Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 1125 A _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph M. Zuercher, Colonel			22b. ADDRESS 1300 Clark		22c. DATE SIGNED 11/7/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/10/56	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Wright Funeral Home 3100 Easton Ave.			25. DATE RECD. BY LOCAL REG. NOV 7 1956	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.	

diseases in Part I must be, causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY Y-BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur L. Hill*

Licensed Embalmer No. *4*

P. O. Address *H. 1. 6. 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.