

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016692

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4280**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 1 1962

VS 300  
Rev. 4/59

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*91*

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b D.O.A.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
ST. LOUIS, MISSOURI		ST. LOUIS, MISSOURI		D.O.A.		Missouri			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
BARNES HOSPITAL						3768a Carter Avenue			
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH Month Day Year			
FREDERICK HENRY (H) CORDES						APRIL 24 1962			
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		
male	white		6-30-1887	74					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
Retired Carpenter			Carpenter		St. Louis, Missouri		U.S.A.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
Herman Cordes			Anna Stricker			Alma Cordes			
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 Address				
no					Mrs. Alma Cordes, 3768a Carter Avenue				
18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:									INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION									3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.									YEARS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE									
DUE TO (c) 420.0									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days.			
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m.		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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>JULY 18, 1961</u> to <u>APRIL 24, 1962</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>APRIL 24, 1962</u>									
Death occurred at <u>12:10 a.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>E. E. V. Smith, M.D.</i> (Degree or title)						22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 4/24/62	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		23e. STATE	
removal		4-26-62	New Bethlehem Cemetery			St. Louis Co. Missouri			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 East Fair Ave.					25. DATE RECD. BY LOCAL REG. APR 25 1962		26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>		

100-11-01141

**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 Julius R Brown

Licensed Embalmer No. 5146  
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.