

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32827
Do not use this space.

1. PLACE OF DEATH

(a) County
 (b) Township
 (c) City St. Louis (d) Street No. 5236 S. Grand St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1008

Registered No. 8881

2. PRINT FULL NAME Pauline Cordes

(a) Residence, No. 5236 S. Grand St. 15
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank J. Cordes,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1885
 7. AGE YEARS 52 MONTHS 4 DAYS 29 IF LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

FATHER
 13. NAME John Hahn

14. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Margaret Lang

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. F. J. Cordes, Jr. 5236 S. Grand Blvd.,

18. BURIAL, CREMATION, OR REMOVAL PLACE N. St. PETER & PAUL 9-25-37, DATE

19. FUNERAL DIRECTOR (ADDRESS) Southern Lumber Co. 6320 Grand Blvd.,

20. FILED SEP 23 1937 Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-22, 1937
 22. I HEREBY CERTIFY, That I attended deceased from July 22, 1937, to Sept 22, 1937
 I last saw him alive on Sept 28, 1937 Death is said to have occurred on the date stated above, at 9 a m.
 The principal cause of death and related causes of importance were as follows:

Canary Stomach
with metastases in abdomen
 Date of onset 1937

Other contributory causes of importance:
 Name of operation Postmortem Date of July 2/37
 What test confirmed diagnosis? ✓ Was there an autopsy? 1937

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) F. R. Franigan M. D.
 (Address) 370 Washington

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Frank
Finney
3701 Woodminster

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)