

*Coroner*

REC'D MAR 14 1938

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MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5154  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City *St Louis Mo* (d) Street No. *En route City Hospital #1* St.  
 (e) Length of residence in city or town where death occurred *50* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Edward Cody 300*

(a) Residence, No. *1414 S. 13th* St. **23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Madge Cody*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 25th 1897*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*50 1 21*  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Upsetter at Union Mill, St. Louis, Mo.*  
 9. Industry or business in which work was done, as saw mill, bank, etc. *was white*  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

MOTHER 15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Robert Palmer 1414 S. 13th*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Feb 22* 1938

19. FUNERAL DIRECTOR (ADDRESS) *Mullen Bros 4259 Lindell Blvd.*

20. FILED: *FEB 21 1938* *J. T. Bredek* Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 16 4 1938*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at *6:45 A.M.*  
 The principal cause of death and related causes of importance were as follows:

Chronic Ulcerative Aortitis.  
*Cause unknown*  
 Oedema of the Brain.  
*non traumatic*  
 Other contributory causes of importance:  
*f 2a*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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.  
 Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *NO*  
 Also, specify.....  
 (Signed) *Alfred J. Ferry* M.D.  
 (Address) *Depue, Coroner*

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.

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Wm Rogers

Licensed Embalmer No. 3905

**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.)**