

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-740-37
I X12004

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.

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

REC'D APR 11 1938

9267
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1002** Registered No. **2856**

(c) City **St. Louis** (d) Street No. **Missouri Pacific Hospital** St.

(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.

2. PRINT FULL NAME **Edward Cody 300**

(a) Residence, No. **3957 St. Louis Ave** St. **10** (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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Agnes Cody**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18, 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

54 0 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Car Inspector**

9. Industry or business in which work was done, as saw mill, bank, etc. **T.R.R. Assn.**

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.**

13. NAME **John Cody**

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

15. MAIDEN NAME **Dont Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

17. INFORMANT (ADDRESS) **Mrs. Agnes Cody 3957a St. Louis Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Calvary Cem. March 28, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd**

20. FILED **J. P. Budick Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 24, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 23, 1938, to March 24, 1938**

I last saw him/her alive on **March 23, 1938**. Death is said to have occurred on the date stated above, at **1:30 p.m.**

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia - Right

Date of onset **1888**

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? **X-Ray** Was there an autopsy? **No**

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**

If so, specify.....

(Signed) **David A. Goldman**, M. D.

(Address) **Missouri Pacific Hospital**

MAR 26 1938

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

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 Fred Frick
Licensed Embalmer No. 3186

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.)