

DEC'D OCT 12 1938

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

30340

Do not use this space.

1. PLACE OF DEATH

- (a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. 1626 North 18th Street St. 791
 (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

- Sherman M. Coddington, 350
 (a) Residence, No. 1626 North 18th Street. St. 26 (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 May H. Coddington,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 23

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) Putman, Mo.

- FATHER 13. NAME Davide Coddington,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

- MOTHER 15. MAIDEN NAME Emma Robert

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

17. INFORMANT (ADDRESS) Mrs. May H. Coddington,
1626 North 18th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept. 3rd, 1938

19. FUNERAL DIRECTOR (ADDRESS) Leidner Und. Co.
1417 N. Market Street.

20. FILED J. F. Bredak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-38 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1938, to August 31, 1938
 I last saw him alive on 8-21, 1938 Death is said to have occurred on the date stated above, at 7:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Aortic regurgitation
Myocarditis
Chronic degeneration
with probable terminal
coronary thrombosis.

Other contributory causes of importance:
Syphilis, general

- Name of operation..... Date of.....
 What test confirmed diagnosis.....

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?.....
 If so, specify John W. Records, M. D.
 (Signed) John W. Records (Address) 5535 Delmar
Resident Physician

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John P. Buchholz

Licensed Embalmer No.

01674

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.)