

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24242**
Registrar's No. **6515**

Registration District No. **1008**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5317 Von Puhl
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Since Birth years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5317 Von Puhl
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Katherine Cordis

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry H. Cordis 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 13, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 4 10 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER
12. Name Henry Thien
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry H. Cordis
(b) Address 5317 Von Puhl

17. (a) Burial (b) Date thereof July 26-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave.

19. (a) July 25 1939 (b) J. D. Barbuck
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1939 hour 10:10 PM minute _____ M.

21. I hereby certify that I attended the deceased from June 1/37
_____, 19____, to July 23, 1939
that I last saw he alive on July 8/37, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
arteriosclerosis 7/23/39

Due to Chronic myocarditis & Arteriosclerosis
chronic nephritic with

Due to _____ 4/1/37

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations X
Of autopsy X

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? X (Specify type of place) (e) Means of injury X

23. Signature W. F. Henschel (M. D. or other)
Address 3500 N. Grand Date signed 7/23/39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *William G. Buchholz*

Licensed Embalmer No. *2110*

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 this body is not embalmed, above space should be left blank.