DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41174

Registration District No. 7911 | Primary Registration District No. 1003 | Registrar's No. 10945

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2207 Chestnut St.
(If rural, give location)

0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Carl H. Cordes

3. (b) If veteran, name war

3. (c) Social Security No. 702-09-8934

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 24 1896
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
44	2	7	hr. min.

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

10. Usual occupation R.R. Trackman

11. Industry or business

FATHER
12. Name Henry Cordes
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Mary Cordes

(b) Address 4118 Pennsylvanie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/41 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Charles J. McGuire Sons

(b) Address 4911 Washington Bl.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st year 1940 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Internal Haemorrhage from stabwounds of liver, pancreas, stomach and Mesentery at the hands of party unknown, in front of 2328 Chestnut Street, about 6:45 o'clock

Duration

Due to

Due to P.M., Dec. 31st, 1940.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) Homicide

(b) Date of occurrence Dec. 31st, 1940

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callow (M. D. or other)

Address Deputy Coroner Date signed 1/3/41

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself, Registered Apprentice No. ——, working under my personal supervision.

Signed Raymond E. Jehrke

Licensed Embalmer No. [redacted] 985 398

P. O. Address St Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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