

BUREAU OF THE CENSUS  
FILED OCT 18 1941

## STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

7082

## 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:  
Christian Hosp. (C)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 Hours  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME William F. Cordes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Marie Cordes 6. (c) Age of husband or wife if alive 51 years7. Birth date of deceased Nov. 24, 1885  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
55 9 6 hr. \_\_\_\_\_ min.9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Tavern Owner

11. Industry or business \_\_\_\_\_

12. Name August Cordes13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Lena Schlingenkamp15. Birthplace Germany  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Marie Cordes(b) Address 1123 Salisbury Str17. (a) Burial (b) Date thereof 9/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director [Signature](b) Address 2117 E. Grand Blvd.19. (a) SEP 2 1941 (b) J. Cordes  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 26 17  
 (If outside city or town limits, write "RURAL") 9  
 (d) Street No. 1123 Salisbury Str  
 (If rural, give location) 0  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 30 day 30  
year 1941 hour 8 minute P. M.21. I hereby certify that I attended the deceased from Aug 23 1941 to Aug 30 1941; that I last saw him alive on Aug 30 1941 and that death occurred on the date and hour stated above.Immediate cause of death Cerebrus of Liver 52641Due to Chronic Hepatitis 52641

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: 12H  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(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? \_\_\_\_\_ (Specify type of place)  
By means of injury 023. Signature [Signature] (M. D. or other) M.D.  
Address 3852 E. Grand Blvd. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. R. E. Byrnes  
3804 N. Grand.  
Ev. 0983

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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

*Frank A. Moore*

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Grand

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

If this body is not embalmed, fact should be so stated above.