No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31822

Registration District No. 445 Primary Registration District No. 5580 Registrar's No. 14-97

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL — MERAME Tp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS, 9 DAYS (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 000

(c) City or town ST. LOUIS 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4719 PRAGUE AVE., (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 1 years.

3. (a) PRINT FULL NAME JOSEPH A. CORDEAL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name ~~of husband or~~ wife CATHERINE FRASER

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

7. Birth date of deceased 7 (Month) 31 (Day) 1865 (Year)

8. AGE: Years 76 Months 0 Days 26 If less than one day — hr. — min.

9. Birthplace Dublin (City, town, or county) IRELAND (State or foreign country)

10. Usual occupation LAWYER, RETIRED

11. Industry or business —

FATHER
12. Name CHRISTOPHER CORDEAL
13. Birthplace — (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name MARY ENNIS
15. Birthplace — (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Brother Bonaventure p.s.f.

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. Hoffmeister U & L Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) 27 Aug 1941 (Date received local registrar) (b) James A. Townsend (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 26TH year 1941 hour 6 minute 12 P.M.

21. I hereby certify that I attended the deceased from 5/12, 1941, to 8/23, 1941; that I last saw him alive on 8/23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma of the Colon.	
Due to	
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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Jesse S. Sargent, (M. D. or other)

Address Eureka, Mo. Date signed 8/26/41

286 (Licensed Embalmer's Statement on Reverse Side)

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 Richard L. Hoffmeister, Registered Apprentice No. 291 working under my personal supervision.

Signed Edwin H. Leibinger

Licensed Embalmer No. 4079

P. O. Address 464 Chippewa

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, fact should be so stated above.