

FILED FEB 24 1942

Registration District No. 191

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County 003
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2630 Indiana Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME GEORGE JOHN CORDES

3. (b) If veteran, name war WORLD WAR - 1 3. (c) Social Security No. 498-03-3837

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife MADE CORDES 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 26 - 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>8</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation SIGN WORK (ELECT SIGNS)

11. Industry or business ADV. COMPANY

12. Name FRED CORDES

13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name KATIE TUBBSING

15. Birthplace WASHINGTON Mo
(City, town, or county) (State or foreign country)

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

(b) Address 2630 Indiana Ave St Louis Mo

17. (a) BURIAL (b) Date thereof JAN 21 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MARTIN'S CH. DITTMER Mo

18. (a) Signature of funeral director [Signature]

(b) Address House Spring 7 Mo

19. (a) [Signature] (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town ST LOUIS 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2630 INDIANA AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
year 1942 hour 2:45 minute 0 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 _____ Duration _____

Chronic Nephritis, Edema of Brain

Due to Arteriosclerosis

Due to _____

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

Major findings: 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) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4/19/42

PHYSICIAN
Underline the cause to which death should be charged statistically

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

Rev. 5-17-39
I X1931

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.

MAR 19 1952

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.....

John Keller

Licensed Embalmer No. 5880

P. O. Address.....

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.