

FILED OCT 23 1944
378

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
8791
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1003

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 15 hours
(Specify whether
In this community 32 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Luda Cody
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 Arthur Cody
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased August 20th, 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 1 Days 24
If less than one day hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name William Poole
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Julia King
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur Cody
(b) Address 2238 Benton St.
17. (a) Burial (b) Date thereof 10-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zion's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) OCT 17 1944 (b) J. Z. Bradeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 040
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9 20
(d) Street No. 2238 Benton St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1944 hour 8:45 PM minute _____ M.
21. I hereby certify that I attended the deceased from July 1943
19 _____ to Oct. 14 19 44
that I last saw him alive on Oct 12 44 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Regurgitation
Aortic Regurgitation
Duration 1 1/2 yr

Due to _____
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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. Z. Bradeak (M. D. Embaler)
Address 1878 Madison Date signed 10/17/44

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

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 P. Buchholz

Licensed Embalmer No. 1694

P. O. Address. 2223 S. Main Ave.

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, fact should be so stated above.