S. No. 2
1—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

Registration District No. 5

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3064

State File No. 29829

Registrar's No. 1648

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Ferguson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 400 South Clark Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether
In this community: years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No.: 400 South Clark Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: George H. Cordelair
3. (b) If veteran, name war: None
3. (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edna F. Cordelair nee Dreisvogt
6. (c) Age of husband or wife if living: 49 years
7. Birth date of deceased: July 18, 1893 (Month) (Day) (Year)

8. AGE: Years 54 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
10. Usual occupation: Cabinet Maker
11. Industry or business:

FATHER
12. Name: Ludwig Cordelair
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Gehrken
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs Edna F. Cordelair
(b) Address: 400 S.Clark Ferguson,Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/4/47 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peters Cemetery
18. (a) Signature of funeral director: Math Hermann & Son, Inc.
(b) Address: 2161 East Fair Ave
19. (a) 8-4-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 1st. year: 1947 hour: 11:45 AM minute: M.

21. I hereby certify that I attended the deceased from June 1944 to 8/1 1947 that I last saw him alive on 8/1 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 mo.
Due to: Chr. myocarditis	4 yrs
Due to: 930	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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:

Signature: Theo. H. Hauser (M. D. or other) M.D.
Address: 3651 Grand Sq. Date signed: 8/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1948

JUN 17 1948

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo.

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.