No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1948

State File No. 17876

Registration District No. 518 Primary Registration District No. 1003 Registrar's No. 4486

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

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 5040 Ruskin Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 5040 Ruskin Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 7 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mary Naes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, divorced W. 2

6. (b) Name of husband or wife Anthony Naes

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

7. Birth date of deceased April 22nd., 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	0	20	Primary site hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Casper Cordes
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Melfes
15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Vincent L. Naes
(b) Address 5418 Louisiana Ave.

17. (a) Burial (b) Date thereof 5-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAY 13 1948 (b) J. A. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th.,
year 1948 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from 1940, 19 May 11, 1948, 19 ;
that I last saw her alive on May 11, 1948, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Melanosarcinoma differed metastases	1 1/2 yrs.
Due to: No specified site known	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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

23. Signature Wayne O. Gorle (M. D. or [illegible])

Address 2739 No. Grand Date signed 5-13-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2739 N.Grand Blvd. No.1270

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.