

0923

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

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Johns (14)	
c. LENGTH OF STAY (In this place) 9 days		d. STREET ADDRESS (If rural, give location) 8725 Windom	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ann	c. (Last) Cordes	4. DATE OF DEATH (Month) (Day) (Year) April 2 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH October 3-1864	9. AGE (In years last birthday) Months Days 86 5 29	IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Weldon Springs, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Menne	13b. MOTHER'S MAIDEN NAME Josephine Schmidt	14. NAME OF HUSBAND John X. Cordes	14. NAME OF HUSBAND decd
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Albin Cordes(son)	17. INFORMANT'S SIGNATURE OR NAME St. Charles, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Infarction		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis		
	DUE TO (c) Smoking		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 20, 1951**, to **April 2, 1951**, that I last saw the deceased alive on **Apr. 2, 1951**, and that death occurred at **4:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. J. ... (Degree or title) Med.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 4-4-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 5-1951	24c. NAME OF CEMETERY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Cottleville, Missouri
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DATE REC'D BY LOCAL REG. 4-3-51	REGISTRAR'S SIGNATURE Francis ...	25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallenmeyer & Sons Co ADDRESS 800 N. 2nd St. Charles, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

APR 9 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No.

Signed.
Student Embalmer

Signed Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.