

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33569

State File No.

8895

S. No. 300
v. 10.48

DECEASED 4 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2231 Howard</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORDELIA</u> b. (Middle) c. (Last) <u>WHRODES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 23 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 16, 1862</u>
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Stephen Starrett</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Sampson</u>	
14. NAME OF HUSBAND OR WIFE <u>Widow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>City Infirmary-</u>		ADDRESS <u>5800 Arsenal St.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congenital Syphilis with erosion of soft palate</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
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? <u>420db</u>			
22. I hereby certify that I attended the deceased from <u>8/2</u> , 19 <u>44</u> , to <u>9/23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/23</u> , 19 <u>52</u> , and that death occurred at <u>2:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. L. Goehausen M.D.</u>		23b. ADDRESS <u>5600 Arsenal St.</u>	
23c. DATE SIGNED <u>9/23/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/25/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 24 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith M.D.</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		ADDRESS <u>Buchholz-Koeller 5967 W. Florissant</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter D. Bushby

Licensed Embalmer No. 4557

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.