

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40078**
Registrar's No. **10178**

FILED DEC 5 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 6317 Audrey Avenue	
3. NAME OF DECEASED a. (First) JOHN (Type or Print) b. (Middle) c. (Last) CODEMO			4. DATE OF DEATH (Month) (Day) (Year) 11 3 52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1897
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman	11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY St. Louis Amusement Co.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME August Codemo		13b. MOTHER'S MAIDEN NAME Angeline Billo	14. NAME OF HUSBAND OR WIFE Laura Codemo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War I		16. SOCIAL SECURITY NO. 492-07-3127	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Laura Codemo, 6317 Audrey Avenue
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTRA-CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Due to (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 10 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 10-29, 1952 , to 11-3-52 , 19 52 , that I last saw the deceased alive on 11-3, 1952 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. D. Bradeen M.D.		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 11-4-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
DATE REC'D BY LOCAL REG. NOV 5 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shepard Funeral Home, 1167 Hamilton Av	

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.

Fred J. Tanner

Signed.....

Student

Student Embalmer

Licensed Embalmer No. *4788*

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.