WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3200

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 79

Township ..... Primary Registration District No. ..... Registered No. 79

City St. Louis Mo (No. 2119 S 12 St. ..... St. ..... Ward)

2. FULL NAME Joseph A. Corder

(a) Residence. No. ..... St., 23 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Corder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 28 1899

7. AGE: Years 33 | Months 7 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Bank Clerk
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: First Nat'l Bk St Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

PARENTS

10. NAME OF FATHER: Bernard Corder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Eliz. Westermann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Viola Corder
(Address) 2119 S 12 St.

15. FILED JAN 3 1933 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 1 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932, to Jan 1 1933, that I last saw h. Am. alive on Jan 10, 1933, and that death occurred, on the date stated above, at 3:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1011 Broncho pneumonia
967 acute cardiac dilatation
1111 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pulmonary oedema (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 107 a

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Consultation & Physical Exam

(Signed) G. E. Benes, M. D

1/2, 1933 (Address) 2202 S Bay

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: S.S. Peter & Paul Cemetery
DATE OF BURIAL: 1-4 1933

20. UNDERTAKER: Wm J Robert
ADDRESS: 1905 S Grand Blvd

Wr [illegible]

2202 S [illegible]