CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 8 1936

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

Do not use this space.

29017

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City ST. LOUIS MO. (No. 3429 EADS. AV. St. ..... Ward)

File No. 7789

Registered No.

2. FULL NAME PHILLIP JOERDER.

(a) Residence, No. 3429 EADS. AV. St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 23-1899

7. AGE: Years 36 | Months 11 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SEWER DEPT.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CITY

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

FATHER

13. NAME CHARLES JOERDER.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

MOTHER

15. MAIDEN NAME MARY FOY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT CHARLES JOERDER.
(ADDRESS) 3429 EADS. AV.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE JULY 23 1936

19. UNDERTAKER E. J. Schmur
(ADDRESS) 3125 Lafayette av.

20. FILED JUL 22 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 21 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 45 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis - Date of onset
Arteriosclerosis - Chronic
Liver - Cirrhosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank P. Gerling, M. D.

(Address) Coroner