S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9376

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2850

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1215 So. 6th St (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 months 18 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 22 (If outside city or town limits, write "RURAL")

(d) Street No. 1215 S. 6th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

No attending physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1940 hour 6 o'c minute A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Bronchial

Due to Pneumonia

Other conditions (Include pregnancy within 3 months of death) Primary

Major findings: Of operations

Of autopsy 10 a

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Werry (M. D. or other)

Address Deputy Coroner Date signed 2-26-40

3. (a) PRINT FULL NAME Barbara Leona Corder

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Nil

6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased Jan. 8, 1940 (Month) (Day) (Year)

8. AGE: Years 0q Months 2 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business Nil

FATHER
12. Name Frank Corder
13. Birthplace East St. Louis, ~~Mo.~~ Ills (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Coffer
15. Birthplace Iron Mountain Mo. (City, town, or county) (State or foreign country)

16. (a) Informant X Frank Corder

(b) Address X 1215 S. 6th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Friedmeyer & Sons

(b) Address 3934 N. 20 St

19. (a) MAR 27 1940 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4284 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.