

No. 2
13-40
17-39

FEB 14 1941 784
Registration District No.

Primary Registration District No. 200

Registrar's No. 217

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community -
years, months or days)

3. (a) PRINT FULL NAME Robert E. CORDER
3. (b) If veteran, name war World
3. (c) Social Security No. Unknown

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased January 31 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 11 29 hr. min.

9. Birthplace Warrenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Robert E. Corder, Vet. Adm.
(b) Address Fac., Jeff. Brks., Mo.

17. (a) Removal (b) Date thereof 1/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director Robert H. Hoppel

(b) Address 4700 Washington St.

19. (a) JAN 30 1941 (b) R. K. Meyer, D. M. P. H.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County - 109
(c) City or town Truesdale 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. -- R.R.
(If rural, give location) 1.
(e) If foreign born, how long in U. S. A. - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1941 hour 4:51 minute p. M.

21. I hereby certify that I attended the deceased from January 29
19 41 to January 29, 19 41
that I last saw h. im. alive on January 29, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of gall bladder, cause undetermined, with secondary Peritonitis and Paralytic Ileus
Duration 6 days

Due to 12781
Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Operated 1/29/41. See cause of death.
Of autopsy No autopsy
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) NO
(b) Date of occurrence
(c) Where did injury occur? (City or town) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Retired
(Specify type of place or nature of injury)

23. Signature C. W. HUGHES (M. D. or other) 0
Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed 0

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SEP 27 1951

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.....

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.