

V. S. No. 2
M-11-10-39
rev. 5-17-39
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4507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REC'D MAR 17 1942

1342

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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:
St. Johns Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas Phillip Joerder

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-09-9135

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Joerder 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 12th 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Steward

11. Industry or business University Club Bldg.

MOTHER FATHER { 12. Name Thomas Joerder

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

14. Maiden name Sophia Bressler

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

16. (a) Informant Edna Joerder

(b) Address 4260 Delor St.

17. (a) Burial (b) Date thereof 2-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) Date received local registrar FEB 13 1942 (b) Registrar's signature J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 15000

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

(d) Street No. 4260 Delor St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1942 hour 12.55 minute P. M.

21. I hereby certify that I attended the deceased from 1-29-42
2-10 1942 to 2-10 1942
that I last saw him alive on 2-10-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary vascular disease 3 years

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 1st

Major findings: Of operations 1st
Of autopsy 1st

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 1st

23. Signature J. F. Predeck (M. D. or other) _____
Address 607 N. Grand Date signed 2-18-42

Duration
Physician
Underline the cause to which death should be charged statistically.

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

J. R. Kennedy
University Club Bldg.
Je 6888
2-3 Thms.

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 me
.....; Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bld

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, above space should be left blank.