

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8763

State File No. 2886

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:
8581 Drury Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 75 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8581 Drury Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1942 hour 7 minute 20 P.M.
21. I hereby certify that I attended the deceased from March 20
1942 to March 29 1942
that I last saw him alive on March 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia 10 days
Due to Hypostatic congestion
Due to old age in bed
Other conditions none
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations none
Of autopsy none
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Charles W. Joerding

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Joerding
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 7 1867
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 22
If less than one day hr. min.

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

10. Usual occupation Retired Mattress Maker

11. Industry or business National Bedding Co.

MOTHER FATHER { 12. Name Carl Joerding
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Rahmann
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Joerding

(b) Address 8581 Drury Lane

17. (a) Burial (b) Date thereof 3-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address 3934 N. 20th St.

19. (a) MAR 31 1942 (b) J. F. Orstedt
(Date received local registrar) (Registrar's signature)

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) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Was at work? (Specify type of place) (a) Means of injury

23. Signature T. H. Muller (M. D. or other)
Address 8404 Broadway Date signed 3-30-42

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

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 J. Boediker*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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, fact should be so stated above.