V. S. No. 2
100M—2-43
Rev. 5-17-39
X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19095

FILED JUN 7 1943

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 1286

1. PLACE OF DEATH:

(a) County: St. Louis County

(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 Adm. Apr. 22, 1943. (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 4459 Castleman Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME: Oliver F. Joerden

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: 494-10-2165

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Margaret

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: December (Month) 20, (Day) 1897 (Year)

8. AGE: Years 45 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation: Cement Finisher

11. Industry or business: -

MOTHER FATHER

12. Name: Frank B. Joerden

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

14. Maiden name: Clotilda VonLaven

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Schulies

(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof: 6-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation: National Cemetery.

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3840 Lindell Blvd

19. (a) 6-1-43 (Date received local registrar) (b) C. G. McFarm MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th. year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from April 22, 1943, to May 29, 1943 that I last saw him alive on May 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tumor, malignant, right lung, with metastasis to liver.	Unknown
Due to -	
Due to -	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings: Of operations: Thoracentesis, right, 4/26/43, 4/30/43, 5/21/43.

Of autopsy: No autopsy.

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): 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? (Specify type of place)

While at work Means of injury

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)

Address: Chief Medical Officer, Vet. Adm. Fac., Jeff. Bks., Mo. Date signed: 5/31/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.