

FILED APR 20 1944

STANDARD CERTIFICATE OF DEATH

Registration District No. 2130

Primary Registration District No. 1002

Registrar's No. 3264

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:
6165 Laura
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community 66 yrs.
years, months or days)

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. 6165 Laura
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country.....

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

3. (b) If veteran, name war Nil
 3. (c) Social Security No. 494-01-4757

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ella Joerding
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased November 26 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 9 hr. min.

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

10. Usual occupation Electrician

11. Industry or business T. N. T. Plant (Unemployed)

12. Name Unknown Joerding

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

14. Maiden name Unknown Neiderjohn

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

16. (a) Informant Ella Joerding

(b) Address 6165 Laura

17. (a) Burial (b) Date thereof APR 8, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St

19. (a) APR 8 1944 (b) J. J. Buech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th day
 year 1944 hour 7 minute 20 M.

21. I hereby certify that I attended the deceased from March
 1942 to April 1944
 that I last saw him alive on Apr. 3 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertensive Cardiovascular Disease
 Due to.....

Duration 30 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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).....
 (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) (e) Manner of injury

23. Signature Nicholas S. Smith (M. D.)
 Address 2739 N. Grand Date signed 4-7-44

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

MOTHER FATHER

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. Poedeker

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.