

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25994

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis, Mo. (No. 5017, Raymond Ave.)

File No. 7180
 Registered No. 7180
 St. _____ Ward ()

2. FULL NAME Catherine F. Jordan.

(a) Residence. No. 5015 Raymond, Ave. St., 12 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael Jordan.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y 2nd, 1851.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. of min.
78. 5. 5.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Wife.
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bay,
 (STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Casper Stoenner.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Schlienka

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri.
 (STATE OR COUNTRY)

14. INFORMANT Miss Ella A. Jordan
 (Address) 5015 Raymond Ave.

15. FILED JUL 10 1929
 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/7/29 19 29

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1928, to July 7, 1929
 that I last saw her alive on July 7, 1929, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
45 yrs
70 yrs
 (duration) yrs. mos. 2 ds.
 CONTRIBUTORY Carcinoma Tongue
 (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam

(Signed) [Signature], M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bellefontaine Cemetery, 7-10-1929

20. UNDERTAKER ADDRESS St. Louis

C. R. Ryepton, 4149

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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NO PENCIL OR INK TO BE USED FOR BINDING

V.S. NO. 2.

Dr G. J. Tremain.
3532 Washington.
Lindell 4056.

12: m today