

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

Do not use this space.

37314

1. PLACE OF DEATH

County Registration District No. 2855
Township Primary Registration District No. 5055
City St. Louis (No. 5015 Raymond Avenue.) St. Ward

File No.
Registered No. 9945
St. Ward

2. FULL NAME Michael 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine F. Jordan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28th, 1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant (Grocer)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Mo.

13. NAME Jacob Jordan

14. BIRTHPLACE (CITY OR TOWN) Alsace Lorraine (STATE OR COUNTRY) 9

15. MAIDEN NAME Catherine Kirchner

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Unknown 10

17. INFORMANT Ella A. Jordan (ADDRESS) 5015 Raymond Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Callesfontaine Cemetery Dec 11th 1932

19. UNDERTAKER P. R. Livingston Lane (ADDRESS) 4449 Olive Street

20. FILED Nov 10 1932 Max Standley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/1/32, 19, to 11/8/32, 19. I last saw h. 11/8/32 alive on 11/8/32, 19. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:
Chr. Cardio-nephritic Date of onset 1919

Other contributory causes of importance:
Acute Myocarditis 11/1/32

Name of operation Date of
What test confirmed diagnosis Phys. Ex. there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Weyman, M. D.
(Address) 3532 Wellington

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.

35-32 Washington

