

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

Do not use this space.

42588

**1. PLACE OF DEATH**

County St. Louis mo Registration District No. 3945  
Township St. Louis mo Primary Registration District No. 7841  
City St. Louis mo

File No. \_\_\_\_\_  
Registered No. 11731  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph J. Jourdan  
(a) Residence, No. 3945 St. Louis mo 10 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1873

7. AGE YEARS 79 MONTHS 4 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharm  
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) (STATE OR COUNTRY) St. Louis mo

13. NAME Joseph Jourdan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Joseph S. Jourdan 3945 St. Louis mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathalla DATE Jan 2 1933

19. UNDERTAKER (ADDRESS) Strode Carroll 7620 North Bridge

20. FILED DEC 30 1933 Max J. Stork Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1932 to Dec 19 1932

I last saw him alive on Dec 28 1932. Death is said to have occurred on the date stated above, at 4:25 A. m.

The principal cause of death and related causes of importance were as follows:

arteriosclerosis Date of onset 11-15-32  
131  
97 (1)  
Other contributory causes of importance: chronic nephritis  
131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? 131 Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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) W. J. White M. D.  
(Address) 280 7th. Memphis highway

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.

