

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

Do not use this space.

25095

6513

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City *St. Louis Mo.* (No. *Firmin-Deelege Hosp*) St. Ward) **25**

2. FULL NAME *APOLONIA T. JORDAN*

(a) Residence, No. *1440 N 10* St. **25** Ward. (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

MEDICAL CERTIFICATE OF DEATH

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 *ADOLPH E. JORDAN*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 23 - 1898*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>36</i>	<i>34</i>	<i>11</i>	<i>1</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*

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 Beckner*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Teobla*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Adolph Jordan 1440 N 10*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *July 28*, 19*33*

19. UNDERTAKER (ADDRESS) *Central Burial Co 1841 Bond*

20. FILED *Jul 27 1933* *J. F. Brebeck* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 24*, 19*33*

22. I HEREBY CERTIFY That I attended deceased from *July 11th*, 19*33*, to *July 24th*, 19*33*.

I last saw her alive on *July 24th*, 19*33* - Death is said to have occurred on the date stated above, at *10:00* p.m.

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

Cerebral Embolism. 46
12:11
12:11

Other contributory causes of importance:
 (1) *Intestinal Obstruction*
 (2) *Peritonitis*

Name of operation *Open for Obstruction* Date of *July 24*

What test confirmed diagnosis? *Open* Was there an autopsy? *yes*

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 *E. J. Pierotti*, M. D.
 (Signed) *J. F. Brebeck* (Address) *Firmin-Deelege Hosp*

This certificate is in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

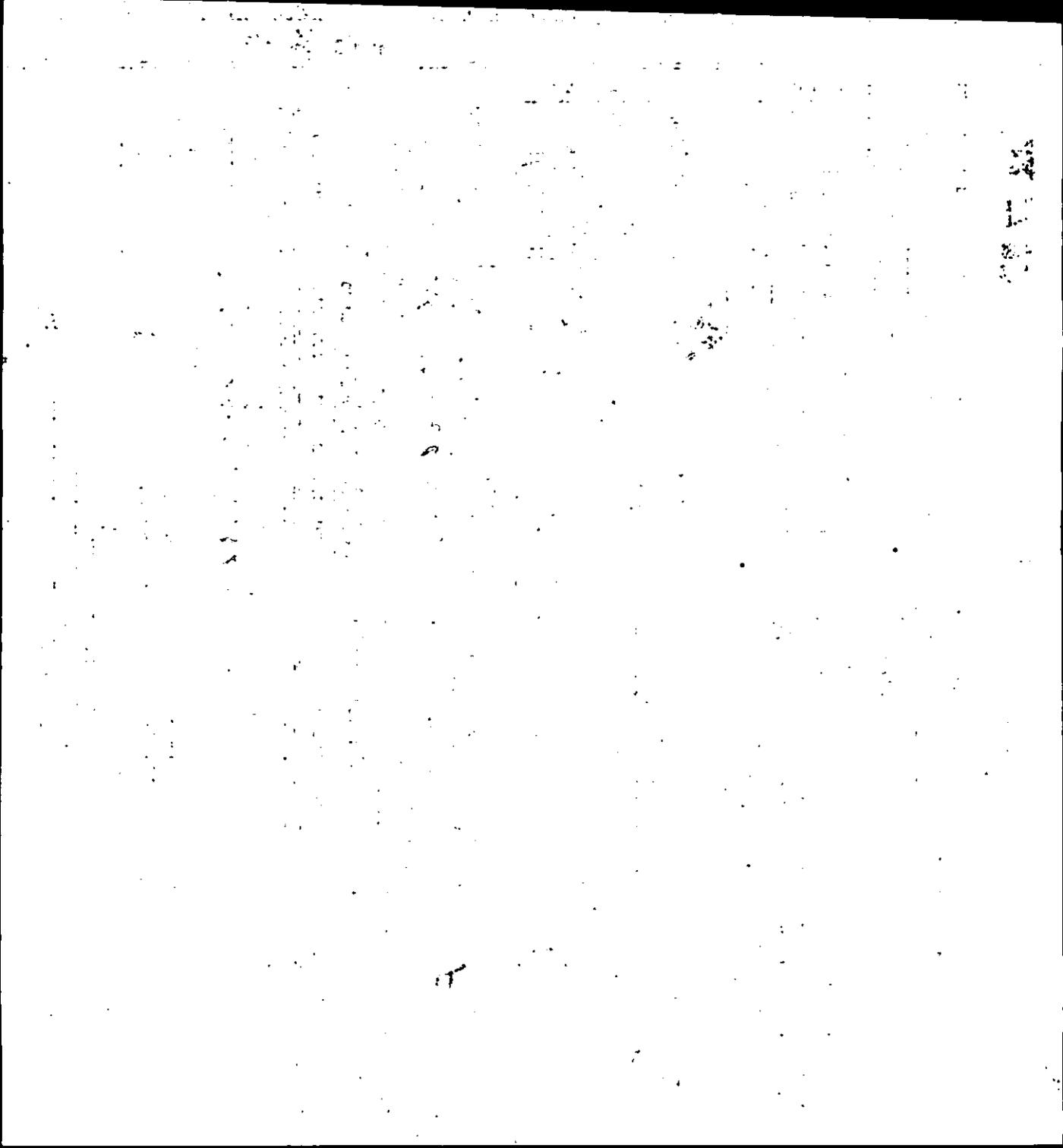
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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No.....)

Registration District No. *291*
Primary Registration District No. *1003*

File No.....
Registered No. *6513*
St..... Ward.....

2. FULL NAME

Apollonia Jurdaw
(a) Residence, No..... St..... 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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*).....

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR).....

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
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).....

13. NAME.....
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

15. MAIDEN NAME.....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

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

19. UNDERTAKER (ADDRESS).....

20. FILED *1-9 1935* 19 *J. F. Bredeck*
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

Heart, stroke, obstruction, carcinoma of breast, metastasis

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)....., M. D.

(Address).....

SUPPLEMENTARY

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CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-25095