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.

50M-7-37 I X12004

REC'D APR 11 1938

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

9016
Do not use this space.

1. PLACE OF DEATH Homer G. Phillips Hospital
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2605
(c) City St. Louis (d) Street No. 2601 N Whittier St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Annie Jordan 635
(a) Residence, No. 812 N Ewing St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5, 1874
7. AGE: YEARS 63 MONTHS 3 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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): Tennessee 1

FATHER
13. NAME: unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 1

MOTHER
15. MAIDEN NAME: Classie Burrow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Evelyn Hilliard 2601 N Whittier
18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 3-20 1938
19. FUNERAL DIRECTOR (ADDRESS) Bennie Love 3103 Washington Blvd
20. FILED MAR 18 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1938
22. I HEREBY CERTIFY, That I attended deceased from December 19, 1937 to March 15, 1938
I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 5:58 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	12/19/37

46E

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was 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 ....., 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) A. L. Lewis, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, R. C. Houston Jr, Licensed Embalmer No. 2266

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed R. C. Houston Jr

Licensed Embalmer No. 2266

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.)