

REC'D JUN 9 1938

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

16203
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis mo (d) Street No. 3446 Abner Place St. 791
(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 yrs. mos. ds. 6 35 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna F. Jordan
(a) Residence, No. 3446 Abner Place St. 6 3446 Abner Pl
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Jordan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-28-1862</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>2</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Central City, Ill</u>		
FATHER	13. NAME <u>Jacob Garnier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Berthold</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Walter B. and</u> (ADDRESS) <u>3446 Abner Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Centralia Ill</u> DATE <u>4-29-38</u>		
19. FUNERAL DIRECTOR <u>Garnier Funeral Home</u> (ADDRESS) <u>Centralia, Ill</u>		
20. FILE <u>MAY - 2 1938</u> <u>J. B. Budick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL-29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21 - 1938, to Apr. 28 - 1938
I last saw her alive on April 28, 1938. Death is said to have occurred on the date stated above, at 12 noon
The principal cause of death and related causes of importance were as follows:

13.1
Cardiac Dropsy
Heart
Nephroses, Nephritis chronic
Thrombosis - 45 yrs. arteriosclerosis

Date of onset 1-21-38

Other contributory causes of importance: Heart

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) Dr. W. J. Sharkey
(Address) 3446 Abner Pl.

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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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Howard G. Rowland*

Licensed Embalmer No. *3114*

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.)