

REC'D JAN 11 1938

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

40822

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2934 Hebert St.** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **10514**

2. PRINT FULL NAME

Ann Jordan
 (a) Residence, No. **2934 Hebert St.** St. **10**
 (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 **Female** 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 **Simon Jordan**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28, 1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 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) **St. Louis Mo.**

FATHER 13. NAME **John Shea**

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

MOTHER 15. MAIDEN NAME **Mary Delaney**

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

17. INFORMANT (ADDRESS) **John A. Jordan 2934 Hebert St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Dec. 7, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arthur J. Donnelly 3840 Lindell Blvd.**

20. FILED **DEC 6 1938** **J. P. Bredak** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 19**, 19**38**, to **Dec 4**, 19**38**

I last saw him alive on **Nov 4**, 19**38** Death is said to have occurred on the date stated above, at **7:20 a.m.**

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

Uremia
Ch. Hypertension
Senescent arteriosclerosis
Arteriosclerosis
Hypertension

Date of onset

3 days**year****year**

Other contributory causes of importance:

Ch. Hypertension
Senescent arteriosclerosis
Arteriosclerosis
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? **Lab.** 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) **Arthur J. Donnelly**, M. D.

(Address) **2202 University St.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Alfred J. Boedeker

Licensed Embalmer No.

2663

P. O. Address

4204 Prairie

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.)

If this body is not embalmed, above space should be left blank.

UNIVERSITY ST. 12-2