

50 DEC 13 1939
Registration District No. 701

Primary Registration District No. _____

Registrar's No. 9949

1. PLACE OF DEATH: 1008

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Christia n Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ (Specify whether _____)

3. (a) PRINT FULL NAME John Albert Jordan 635

3. (b) If veteran, name war Anderson

3. (c) Social Security No. Anderson

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Daly Jordan

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased October 6th, 1861

(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 14

If less than one day _____ hr. _____ min.

9. Birthplace Baldwin, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business 0

12. Name Alfred C. Jordan 1

13. Birthplace Bath Maine 5

(City, town, or county) (State or foreign country)

14. Maiden name Sara n More

15. Birthplace Ireland

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 1121 Hebert St.

17. (a) Burial (b) Date thereof 11-22-1939

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin, Del.

18. (a) Signature of funeral director Henry Anderson U. Co

1417 N. Market St.

19. (a) NOV 21 1939 (b) J. B. Anderson

(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 26

(If outside city or town limits, write "RURAL")

(d) Street No. 1121 Hebert St.

(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th.

year 1939 hour 6 minute 12 AM M.

21. I hereby certify that I attended the deceased from November 11th to November 20th 1939.

that I last saw her alive on Nov 19th - 9:40 P.M. 1939.

and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis

Arteriosclerosis

Duration _____

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

28. Signature W. M. Lee M. D. or other _____

Address 2406 Dudley Date signed 11/20/39

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.

USE PREPARING DECK FOR MAKE A PERMANENT RECORD

*Dr. McCall
Holding + At Louisiana Assoc*

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 *Homer L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis ave*

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.