V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24020

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6465

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution H G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) 1
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St Louis 21
(If outside city or town limits write "RURAL")
0
(d) Street No. 803 N Cardinal
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Milton Jordan 635

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex male
5. Color or race col.
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 19, 1939 (Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 9 If less than one day hr. min.

9. Birthplace St. Louis. Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation 1

11. Industry or business 0

FATHER
12. Name Eddie Jordan.
13. Birthplace Newton, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucille Griffin.
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Eddie Jordan.
(b) Address 803 n. Cardinal 8/1/40

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts
(b) Address 3035 Lucas

19. (a) JUL 31 1940 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from July 26, 1940, to July 28, 1940; that I last saw him alive on July 28, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia, Primary — Duration 5 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. E. Pease (M. D. or other)
Address 2601 N Whittier Date signed 7/30/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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 me Chas. Gaines, Registered Apprentice No. 2349, working under my personal supervision.

Signed Chas. Gaines

Licensed Embalmer No. 2349

P. O. Address

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.