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(23159)

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

5638

State File No. 1886

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution City Hospital  
(d) Length of stay: In hospital or institution 2 Hour  
In this community 60 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County City  
(c) City or town St. Louis  
(d) Street No. 2008 Kraft Ave.  
(e) If foreign born, born (Country) (State) (City or town) years.

3. (a) PRINT FULL NAME Ellen Jordan

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex H. 5. Color or race W. 6. (a) Single, widowed, married, divorced S. 0

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

7. Birth date of deceased Aug. 3, 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Patrick Jordan  
13. Birthplace Ireland  
14. Maiden name Ann Dougherty  
15. Birthplace Ireland

16. (a) Informant Mrs. M. B. Carpenter

(b) Address 2008 Kraft Ave.

17. (a) Burial (b) Date thereof 3-1-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur Donnell  
(b) Address 3840 Lindell Blvd.

19. (a) FEB 28 1941 (b) Registrar's signature  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th., year 1941 hour 4 minute 15 a. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Purpura septicum  
Chaliciatosis Chronic  
Due to Septicemia  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 126

Of autopsy

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) (Specify type of place) (Specify type of place)

23. Signature Alfred Perry (M. D. or other) Date signed 2/28/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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

*W H Van Matre*

Licensed Embalmer No.

*2825*

P. O. Address

*4340 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**