

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location) **8 days**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **27 years** (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County _____
(c) City or town **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3534 Clark** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October**, day **3**, 1941
year _____ hour _____ minute **30** P. M.
21. I hereby certify that I attended the deceased from **Sept. 26, 1941**
to **Oct. 3, 1941**
that I last saw him alive on **Oct. 3,**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Pulmonary Tuberculosis Prob. 2 months

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.

3. (a) PRINT FULL NAME **Elmer Jordan**

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

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Emma Lee Jordon** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **Unavailable, Aft. 1905**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Aft. 36 -- -- hr. min.

9. Birthplace **Decatur Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auto Mechanic**

11. Industry or business **Self**

MOTHER FATHER { 12. Name **Will Jordon**

13. Birthplace **Unavailable** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Polly Bufkin**

15. Birthplace **Decatur Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Lee Jordon**

(b) Address **3433 Clark Ave.**

17. (a) **Burial** (b) Date thereof **10/9/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. H. Bates**
(b) Address **4107 Finney Ave.**

19. (a) **OCT 9 1941** (b) **J. J. Bredek**
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature **J. W. Johnson** (M. D. or other) _____
Address **2601 N. Whittier** Date signed **10-7-41**

STATEMENT BY LICENSED EMBALMER

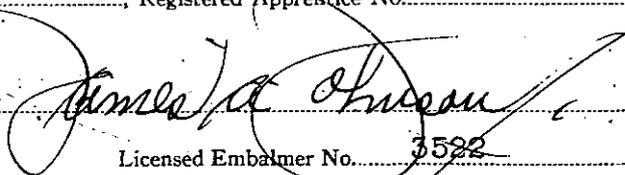
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3522

P. O. Address..... 4107 Finney 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, fact should be so stated above.