

FILED DEC 9 1941

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 2417

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mother of Good Counsel Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six weeks
(Specify whether
In this community About 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3524 Marshall St. Johns Station
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Sarah Masters Jordan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Dont Know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 85+ _____ hr. _____ min.

9. Birthplace Glen Allen Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Masters

13. Birthplace Dont Know Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cartwright

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Jordan

(b) Address 8805 North Avenue

17. (a) Burial (b) Date thereof 12/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John J. ...

(b) Address 1519 South Grand Ave.

19. NOV 29 1941 (b) C. McKeon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th
year 1941 hour 2: minutes 15 A. M.

21. I hereby certify that I attended the deceased from
October 16, 1941 to Nov. 29th 1941;
that I last saw h. or alive on Nov. 27th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: _____
Chr. Cardio-Vascular-Renal Disease
Chr. Myocarditis-Chr. Arteriosclerosis-
Chr. Nephritis - Extreme Senile
Extreme Obese.
Due to Secondary: General Anasarca-Since entry
into Home.

Other conditions Uremia - Uremia Coma - 3 weeks
(Include pregnancy within 3 months of death)

Died in the Home of the Incurables.

Major findings: none

Of operations: _____

Of autopsy: NO

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

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(c) Where did injury occur? NO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
NO
(Specify type of place)

While at work? NO (a) Means of injury _____

23. Signature Dr. ... (M. D. or other) _____

Address 3718 Jennings Rd. Pine Lawn, Mo.

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

MOTHER FATHER

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 *Thos J. Korman*

Licensed Embalmer No. *1197*

P. O. Address *Spokane*

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.

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