

MAY 28 1947 91

Registration District No. ....

Primary Registration District No. 1003

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:  
3000a N. Market St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community 34 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3000a N. Market St.  
(If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Elvia Jordan

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Tyler Jordan 6. (c) Age of husband or wife if alive -- years  
7. Birth date of deceased Dec. 4th 1902  
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 8 If less than one day hr. .... min.

9. Birthplace West Point, Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER  
12. Name John Morgan  
13. Birthplace Columbus, Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Coleman  
15. Birthplace West Point, Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Coleman  
(b) Address 3000a N. Market St.

17. (a) Burial (b) Date thereof 5/16/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis

19. (a) MAY 14 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th.  
year 1942 hour 2:15 minute AM

21. I hereby certify that I attended the deceased from April 13, 1942 to May 12th., 1942  
that I last saw him alive on May 11th., 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Failure

Due to Myocardial Infarction

Due to Chronic Heart Disease  
Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations 9/2  
Of autopsy 11/1

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 DM

23. Signature W. O. Kneel (M. D. or other) MD  
Address 2335a Franklin Ave. Date signed 5/13/47

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

099  
019  
7  
MAY  
0

MOTHER FATHER

Duration

4 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

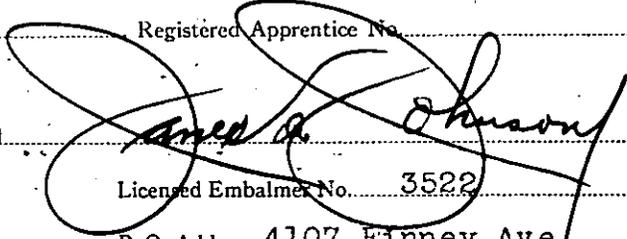
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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.**