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S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 11 1943

Registration District No. 70

Primary Registration District No. 111

Registrar's No. 440

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7102 Kensington Ave.,
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Jordan, Mary M.

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1943 hour 9 minute 00 P. M.

4. Sex Fem. 5. Color or race Wh.

6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife James J. Jordan

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased. MAY 7 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 9, 1943 to Feb. 20, 1943
that I last saw her alive on Feb. 20, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 8 Days ?
If less than one day hr. min.

Immediate cause of death Bacillary dysentery (B. Flexner?) Duration 15 days

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

Due to arteriosclerotic cv dis. Duration undertain

10. Usual occupation H.W.

Other conditions cardiac failure Duration 5 days
(Include pregnancy within 3 months of death)

11. Industry or business John Brady

PHYSICIAN none

12. Name John Brady

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings: none

Of operations none

Of autopsy Ulceration of small & large intestines. Genial arteriosclerotic changes.

14. Maiden name Mary Daly

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

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

(a) Accident, suicide, or homicide (specify) o

(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?

16. (a) Informant James J. Jordan (husband)

(b) Address 7120 Kensington Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 7146 Manchester Ave.,

23. Signature Henry J. O'Leary M. D. or other MD

Address 3720 Washington Date signed 2-24-43

19. (a) FEB 24 1943 (Date received local registrar)

(b) C. J. McEwen (Registrar's signature)

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

MOTHER FATHER

707

(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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert G. Hoffe*.....

Licensed Embalmer No. *2971*.....

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, fact should be so stated above.