

ED JUL 24 1943 **318**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS
 (b) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
LITTLE SISTERS OF THE POOR
 (If not in hospital or institution, write street number or location)
3400 So. Grand St.
 (d) Length of stay: In hospital or institution 7 (Specify whether)

In this community 7 years, months or days

3. (a) PRINT FULL NAME MARY JORDAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased DEC 5 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 8 hr. min.

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

10. Usual occupation AT HOME (INSTITUTION)

11. Industry or business

12. Name THOMAS JORDAN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs Anita Craffey

(b) Address 3622 1/2 No. Taylor Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 15-1943 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. Miller and Co.

(b) Address 5165 DELMAR BL.

19. (a) JUL 14 1943 (Date received for filing) (b) J. P. Bulech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17
 (c) City or town ST LOUIS 916
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3400 So. GRAND BL.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 13
 year 1943 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 12 1943 to July 13 1943
 that I last saw her alive on July 13 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio. Vasculor renal disease.

Due to Ch. Arterio Scleroms

Due to 131

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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) Means of injury

23. Signature [Signature] (M. D. or other) Date signed [Signature]

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 *A. G. Harris*
Licensed Embalmer No. *3384*
P. O. Address *St Louis*

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.