

FILED AUG 30 1943 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(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:
St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs (Specify whether
In this community 13 yrs years, months or days)

3. (a) PRINT FULL NAME ROZELLA JORDAN

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Robert Jordan 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 20th 1908 (Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business Frank Stanford

12. Name Frank Stanford

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

14. Maiden name unknown

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

16. (a) Informant Robert Jordan

(b) Address 4062 Finney Ave

17. (a) Shipping (Burial, cremation, or removal) (b) Date thereof 8-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia La.

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney Ave

19. (a) AUG 19 1943 (Date received local registrar) (b) J.F. Bredet (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 11
(d) Street No. 4062 1/2 Finney Ave (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Aug year 1943 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from 7/15/43 to 8/15/43 that I last saw her alive on 8/15/43 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Attack Duration _____

Due to No pregnancy

Due to _____

Other conditions Adverse Circumstances (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1943

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

(a) Accident, suicide, or homicide (specify) no 000

(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? _____

While at work? no (Specify type of place) (e) Means of injury no

23. Signature J.F. Bredet (M. D. or other)

Address 1048 1/2 Washington Date signed 8/15/43

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Louis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney Av*

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.