

FILED OCT 2 - 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's 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: Christian Hospital  
(If not in hospital or institution, write street number or location) 0  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5322 Oriole Ave  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Carrie A. Jordan

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Not mentioned 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased July 4, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 2 18 hr. min.

9. Birthplace Unknown Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Unknown 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward J. Steube

(b) Address 5823 Delor St.

17. (a) Burial (b) Date thereof 9/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 24 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22,  
year 1943 a. hour 6:30 PM minute ----- M.

21. I hereby certify that I attended the deceased from Sept 22, 1943 to Sept 22, 1943  
that I last saw her alive on 23 Sept 43, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage  
Duration -----

Due to -----  
Due to -----

Other conditions (Include pregnancy within 3 months of death)  
Arteriosclerosis of the Hypertension

Major findings: Of operations -----  
Of autopsy -----

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) (e) Means of Injury -----

23. Signature ----- (M. D. or other) 0  
Address 1918 East Grand Date signed -----

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

MOTHER FATHER

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**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 *W. Alfred W. Burnley*

Licensed Embalmer No. *4202*

P. O. Address *St Louis Mo*

**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.**