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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9130**

FILED APR 13 1944

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **3041**

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:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **20 years**
(Specify whether years, months or days)

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") **17**

(d) Street No. **308 So. 23rd st.**
(If rural, give location) **9 22**

(e) Citizen of foreign country? **0** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **Mattie Rucker Jordan**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **27** year **1944** hour **5** minute **00** P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex **Female** 5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **dead**

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

7. Birth date of deceased **February 22nd 1903**
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: **Gunshot wound of skull and brain, inflicted at the residence of Sadye Harris (cpl.) around 6:30 P.M. March 22nd 1944 in the home of 508 So 23rd st**

Due to.....

Due to.....

8. AGE: Years **41** Months **1** Days **5** If less than one day hr. min.

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations **166**

Of autopsy.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

9. Birthplace **Rossville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **housework**

11. Industry or business **at home**

MOTHER FATHER { 12. Name **Peter Dean**

13. Birthplace **Range Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Mayliza Rucks**

15. Birthplace **Range Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucille Bowman**

(b) Address **308 so. 23rd st/**

17. (a) **Burial** (b) Date thereof **4/3/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **C.W. Roberts**

(b) Address **1416 N. Taylor ave**

19. (a) **MAR 31 1944** (b) **J. H. Fred**
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Homicide**

(b) Date of occurrence **Mar 27 1944**

(c) Where did injury occur? **St Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work..... (Specify type of place) Means of injury **Gunshot**

23. Signature **Thomas F. Callender** (b) **Deputy Coroner**
(Date received local registrar) (Date signed)

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

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..... *Fulton E. Calkin*.....
Licensed Embalmer No. *4198*.....
P. O. Address..... *Harris 13 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.