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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11062

Primary Registration District No. 1003

Registrar's No. 3426

1. PLACE OF DEATH:

(a) County

(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
(If not in hospital or institution, write street number or location)

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

In this community over 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County —

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2906 Lucas
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willie B Jordan

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex F 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Wm. Jordan

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 60 | Months | Days | If less than one day hr. min.

9. Birthplace New Orleans, La. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

MOTHER FATHER

12. Name Not Known

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

14. Maiden name Not Known

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

16. (a) Informant Felicia Alexander

(b) Address 4368 W. Belle Pl

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Undt

(b) Address 4303 Delmar

19. (a) MAR 31 1947 (Date received local registrar)

(b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 47 hour 6:00 minute A. M.

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

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal remaining Infection of cal of left leg. While she fell to the floor

Due to her home month 1st 1947 about 6:00 pm

Due to

Other conditions (Include pregnancy within 3 months of death) 19

Major findings:
Of operations

Of autopsy 18

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) Accident

(b) Date of occurrence Mar 1 1947

(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 (Specify type of place)

While at work? no (Specify means of injury)

23. Signature Patrick E Taylor M.D.

Address 1300 Clark

Date signed 3-31-47

(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 Vora Thompson Wilson

Licensed Embalmer No. 4435

P. O. Address 4738 A Verna

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.