

**FILED AUG 4 1947**  
Registration District No. **318**

Primary Registration District No. **100E**

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

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.....  
**1315 So. Thirteenth St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**5 years** (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. **22**.....  
**1315 South Thirteenth Street**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MOLLIE RHEA JORDON**

3. (b) If veteran, name war..... **Nil**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **July** day..... **28**  
year..... **1947** hour..... **2:45** minute..... **17** M.

4. Sex..... **F**

5. Color or race..... **W**

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

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

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

7. Birth date of deceased..... **May 26, 1892**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Jan 1, 1947** to **July 28, 1947**  
that I last saw her alive on **July 28, 1947**  
and that death occurred on the date and hour stated above.

Duration.....

Immediate cause of death..... **Cancer of left breast 5 yrs**

8. AGE:

Years	Months	Days	If less than one day
<b>55</b>	<b>2</b>	<b>2</b>	hr. min.

Due to.....

Due to.....

9. Birthplace..... **Earlington, Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **House-wife**

11. Industry or business..... **At Home**

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

MOTHER FATHER

12. Name..... **John J. Henify**

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

14. Maiden name..... **Marie Rhea**

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

PHYSICIAN

Major findings:  
Of operations.....  
Of autops.....

Underline the cause of which death should be charged statistically.

16. (a) Informant..... **Gladys Bennett**

(b) Address..... **1315 So. Thirteenth Street**

17. (a) **Removal**..... (b) Date thereof..... **7-28-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Madisonville, Kentucky**

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?.....  
(Specify type of place)

While at work?..... (Specify means of injury).....

18. (a) Signature of funeral director..... **A.W. McLaughlin**

(b) Address..... **2301 Lafayette Avenue**

19. (a) **JUL 28 1947**..... (b) **J. Z. Brueck**.....  
(Date received local registrar) (Registrar's signature)

23. Signature..... **Louis Bauer** (M. D. or other).....  
Address..... **2616 G. RAYBIS**..... Date signed..... **7/28/47**

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..... *D W Cooper*  
Licensed Embalmer No..... *3830*  
P. O. Address..... *2361 Lafayette*

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.