S. No. 2
A—1/47
. 5-17-39

46

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35908

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9727

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 Pronounced dead at City Hospital 3
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County 6
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 MONTGOMERY 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES JORDAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 21 (Day) 1863 (Year)

8. AGE: Years 84 Months 6 Days 6 If less than one day hr. min.

9. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk
11. Industry or business
FATHER
12. Name MARTIN JORDAN 4
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ANN McNAMARA
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
16. (a) Informant MISS VREN
(b) Address 2331 MULLANPHY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell
19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 15
year 1947 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from O, 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: Apoplexy due to Pneumonia when found in the Mummy Room on Oct 18 [illegible] 12:10 A.M. [illegible] Duration 6

Due to [illegible] Duration 1

Due to some cause not determined Duration 1

Other conditions (Include pregnancy within 3 months of death) 1 83

Major findings:
Of operations
Of autopsy 36

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Gen Verdict
(b) Date of occurrence Oct 18, 1947
(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? (e) Means of injury

23. Signature Patrick E. Taylor (M. D.) Dep Cor 3
Address 1300 Clark Date signed 10-20-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

No Embalming

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..... J. A. Sammers

Licensed Embalmer No.....

P. O. Address.....

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.