S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35909
State File No.

FILED NOV 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9999

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: 7700 Alabama Ave.
(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

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

(d) Street No. 7700 Alabama Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Sarah Jordan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John

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

7. Birth date of deceased June (Month) 8 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	4	19	hr. min.

9. Birthplace -------- (City, town, or county) England (State or foreign country)

10. Usual occupation Nil

11. Industry or business

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

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

16. (a) Informant Mrs. Margaret Morris
(b) Address 7700 Alabama Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Jos. P. Fehdler Jr.
(b) Address 7128 Michigan Ave.

19. (a) OCT 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1947 hour 5.10 minute P. M.

21. I hereby certify that I attended the deceased from December 10, 1946 to October 27, 1947; that I last saw him alive on October 27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	1 hr.
Due to Arteriosclerosis	?
Due to Hypertension	1 yr.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(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? (e) Means of injury

23. Signature M. L. Bartnick (M. D. or other) M.D.
Address 7629 So. Broadway Date signed 10/28/47

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

7627 N. Broadway

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 George N. Archambault, Registered Apprentice No. XXXXXXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave.

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.