No. 2
1/47
17.39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2689

Registrar's No. 232

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 G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: less than 24 hrs. (Specify whether)

In this community: 40 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.: 2029 Division St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Hulen William Jordan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Mar.

6. (b) Name of husband or wife: Arline

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

7. Birth date of deceased: August (Month) 15 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
61	4	22	hr. min.

9. Birthplace: Monticello (City, town, or county) Georgia (State or foreign country)

10. Usual occupation: unemployed

11. Industry or business

FATHER
12. Name: William Jordan
13. Birthplace: Monticello (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name: Francis Powell
15. Birthplace: Monticello (City, town, or county) Ga. (State or foreign country)

16. (a) Informant: Mary Alexander
(b) Address: 2221 a Carr St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenwood Cemetery

18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St.

19. (a) JAN 9 1948 (Date received local registrar) (b) J. F. Brueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1948 hour 12 minute 15 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.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to: Tuberculosis Pneumothorax	
Due to:	
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: Alfred Perry (M. D. or other)
Address: Deputy Coroner Date signed 1/9/48

Jefferson City Printing Co.

(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 Fulton E. Culkin

Licensed Embalmer No. 428

P. O. Address St. Louis 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.