S. No. 2
—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

State File No. 10923

FILED MAR 23 1948
Registration District No. 1

Primary Registration District No. 3066

Registrar's No. 689

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None, 552 S. Geyer Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: 2 years 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Kirkwood (If outside city or town limits, write "RURAL") 4
(d) Street No.: 552 S. Geyer (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: George J. Jordan
3. (b) If veteran, name war: None
3. (c) Social Security No.: 489-18-1027

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Amanda Jordan
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Oct. 22 1890 (Month) (Day) (Year)

8. AGE: Years 57 | Months 4 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace: Melrose, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Interior decorator
11. Industry or business: Herbert Wachter Dec.

MOTHER FATHER
12. Name: George Jordan 4
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Maiden name: Amanda Rahm
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Amanda Jordan
(b) Address: 552, S. Geyer Kirkwood Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 15-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Schrader Funeral Home
(b) Address: Ballwin Mo.
19. (a) 3-15-48 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1948 hour 8:30 minute a. M.
21. I hereby certify that I attended the deceased from Mar. 9-1948, 19..., to March 12, 19..., that I last saw him alive on March 12, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: 932	
Due to: Chronic myocarditis	
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: Raymond C. McLean (M. D. or Coroner)
Address: 126 E. Jefferson Kirkwood Date signed: 3-13-48

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 Richard M. Bapp Registered Apprentice No. 23 working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.