

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 28 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27878

State File No.

7419

Registrar's No.

Registration District No.

310

Primary Registration District No.

1009

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:
2236a (Rear) Shenandoah Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT LOUISA JORDAN
FULL NAME

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..... Louis Jordan 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 18-1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 4 4 hr. min.

9. Birthplace Germany (City, town, or country) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business.....
12. Name (Unknown) Westermann
13. Birthplace Germany (City, town, or country) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany (City, town, or country) (State or foreign country)

16. (a) Informant Louis Jordan
(b) Address 5508 Sutherland Avenue

17. (a) Burial (b) Date thereof 8-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director Myrdell And
(b) Address 1926 Allen Avenue

19. (a) AUG 24 1948 (b) J. F. Brede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No 2236a (Rear) Shenandoah Ave. (If rural, give location)
23
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd
year 1948 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from March to Aug 22 1948
that I last saw her alive on Aug 22 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Nephritis Duration 3/47+

Due to Generalized arteriosclerosis 3/47+

Due to.....

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Bernard T. Koon (M.D. or other) MD
Address 155 Wagoner, St. Louis 16 Date signed 8/23/48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Me, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Benj. L. Duncan

..... Licensed Embalmer No. 2272

P. O. Address..... 1926 Allen Avenue

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.