

No. 300  
-10-47  
-17-39  
P 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 19 1948

318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38273

1003

Registrar's No. 9693

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County osu  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6517 Leona  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Miranda Jaudes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6  
year 1948 hour 8 minute 15 a. M.  
21. I hereby certify that I attended the deceased from Nov. 2, 1948, to Nov. 6, 1948  
that I last saw h. alive on Nov 5, 1948  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Mar 14 1874  
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: St Louis Mo U  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name Andrew Jordi

13. Birthplace Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Magdalena New Kohn

15. Birthplace Holland  
(City, town, or county) (State or foreign country)

16. (a) Informant August Jaudes

(b) Address 6526 Itaska

17. (a) Burial (b) Date thereof 11/8/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J. I. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.

19. (a) NOV 8 1948 (b) J. B. Pasater  
(Date received local registrar) (Registrar's signature)

Immediate cause of death Degenerative heart disease with myocardial failure  
Duration 24 days

Due to Coronary artery disease June 28, 48 to present

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/2

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) (e) Means of injury NO  
23. Signature Bernard Lukens (M. D. or other) MD  
Address 3701 Grand St Date signed 11-6-48

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

MOTHER FATHER

**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 *W. G. Peterson*.....

Licensed Embalmer No. *3767*.....

P. O. Address *7027 Graven*.....

**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.**