

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2868  
494  
Registrar's No.

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>214a S. Ewing Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214a S. Ewing Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>214a S. Ewing Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>B. Jordan.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 15 - '49</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9-22-1863</u>	
				9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days	
				IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Plattin, Missouri</u>	
						12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gabriel Boyce</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Donald</u>			14. NAME OF HUSBAND OR WIFE <u>Benjamin F. Jordan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frankie Bland 214a S. Ewing</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>age</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20-76 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 2</u> , 1948, to <u>Jan 15</u> , 1949, that I last saw the deceased alive on <u>Jan 15</u> , 1949, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr Edward Bell, M.D.</u>				23b. ADDRESS <u>2901-2 Laclade Ave. St. Louis, Mo</u>		23c. DATE SIGNED <u>1-17-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 18 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Kasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Und., Co. 2732 Pine Blvd.</u>			

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

2-2

15  
8

12/1  
5/10

**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 \_\_\_\_\_

William M. Brown

Student Embalmer No. 212

working under my personal supervision.

Signed William M. Brown  
Student Embalmer

Signed Clark Yarnes  
Licensed Embalmer No. 3371

P. O. Address St. Louis

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.