

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35286**
9188

1003

BIRTH NO. _____ REG. DIST. NO. **318** 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 50 years		d. STREET ADDRESS (If rural, give location) 2214 Benton St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pronounced Dead-City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A. c. (Last) Jordan, Sr.		4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20 1890
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) Kentucky
10b. KIND OF BUSINESS OR INDUSTRY Shoe		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JORDAN William H. Jordan	13b. MOTHER'S MAIDEN NAME Marta Millsaps	14. NAME OF HUSBAND OR WIFE Pearl Martin Jordan JORDAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Mexican War	16. SOCIAL SECURITY NO. 499-05-1146	17. INFORMANT'S SIGNATURE Jordan Jordan ADDRESS Mr. John A. Jordan, Jr. 1611 No 18th St.
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18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Coronary Heart Disease DUE TO (c) chronic		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) 9400
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 11-201
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Lambert (Degree or title)	23b. ADDRESS 31300 Clark	23c. DATE SIGNED 10/26/49
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24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE Oct. 27 1949	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
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DATE REC'D BY LOCAL REG. OCT 26 1949	REGISTRAR'S SIGNATURE J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H.Inc. 1936 St.Louis Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *Mark Paulson*

Licensed Embalmer No. *4114*

P. O. Address *1936 St. L. Dr.*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

35286
State File No. _____
Local Registrar's No. 9188

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 194____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for **John A. Jordan, Sr.** died ~~10-24-1942~~ **1949**, 19____, in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. **3** should read **John A. Jordan**

Instead of _____ **Jorden**

Item No. **13a** should read **William H. Jordan**

Instead of _____

Item No. **14** should read **Pearl Martin Jordan**

Instead of _____

Item No. **17** should read **John A. Jordan, Jr.**

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **John Jordan, Jr.** **Inf. Dir.**
1611 N. 18th St. Relationship.

1936 St. Louis Ave
Present Address.

Subscribed and sworn to before me this **1** day of **December**, 194**9**

My Commission expires **3-4-53** **Earl C. Padboer** Notary Public.

