

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31590

State File No. ....

8593

Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>320 Cedar</i>		d. STREET ADDRESS (If rural, give location) <i>22 320 Cedar</i>			

3. NAME OF DECEASED (Type or Print) <b>JAMES</b> a. (First) <b>Jordan</b> b. (Middle) <b>Jordan</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>9-7-51</b>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>Black</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Apr 1883</i>	9. AGE (In years last birthday) <i>68</i>	# UNDER 1 YEAR Months	# UNDER 6 HRS. Days	# UNDER 15 MIN. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <i>ret.</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Tenn.</i>	12. CITIZEN OF WHAT COUNTRY? <i>usian</i>
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13a. FATHER'S NAME <i>unknown</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unknown</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>unknown</i>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chr. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>?</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chr. Interstitial Nephritis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
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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? <i>59 ft</i>
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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 *12:37 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>Walter Perry</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>9/24/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>SEP 28 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <i>SEP 28 1951</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>Rawland</i>	ADDRESS <i>4104 Manchester</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

54/

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.....

*Students of Mortuary College*  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*James Lammers*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4142*

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.