

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3317

State File No.

FILED FEB 11 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1153

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3439 Minnesota		d. STREET ADDRESS 16 3439 Minnesota		0		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) S.		c. (Last) Jordan		
4. DATE OF DEATH (Month) (Day) (Year) Jan 30 53		5. SEX M		6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 17 1867		9. AGE (In years less birthday) 85		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY gardener Own		11. BIRTHPLACE (City and State or Foreign Country) Clinton Kentucky		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Jordan		13b. MOTHER'S MAIDEN NAME Mary Bryers		
14. NAME OF HUSBAND OR WIFE Peachie Jordan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Peachie Jordan		ADDRESS 3439 Minnesota				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH -
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>generalized arteriosclerosis</u>				
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 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? 4221		
22. I hereby certify that I attended the deceased from <u>Sept 23, 1952</u> , to <u>JAN. 30, 1953</u> , that I last saw the deceased alive on <u>JAN 30, 1953</u> , and that death occurred at <u>3:45 p. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Cl. J. Meslin M.D.</u>		(Degree or Title)		23b. ADDRESS <u>3507 Potomac</u>		
23c. DATE SIGNED <u>1-30-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/31/53</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Kentucky</u>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 31 1953</u> <u>f Earl Smith md</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schumacher Und. Co</u>		ADDRESS <u>3013 Mera, ec</u>		

Jun 30, 345
PM

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Jack Haugh
Licensed Embalmer No. 4746

P. O. Address St Louis, Mo

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.