

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19552
4058

State File No.

Registrar's No.

FILED JUN 1 - 1953

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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 MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSPITAL			e. STREET ADDRESS (If rural, give location) 3641 CHIPPEWA			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) E.		
		c. (Last) JORDAN		4. DATE (Month) (Day) (Year) OF DEATH APR. 17 1953		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 8 1886	9. AGE (In years last birthday) 66	10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STAGE HAND	10b. KIND OF BUSINESS OR INDUSTRY FOX THEATRE	11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME HENRY JORDAN		13b. MOTHER'S MAIDEN NAME GEORGINA TURNER		14. NAME OF MARRIED OR WIFE MARY T. JORDAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 488-07-4101		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY JORDAN 3641 CHIPPEWA.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, Lungs, Liver, Prostate			INTERVAL BETWEEN ONSET AND DEATH			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) Chronic Asthma			
			DUE TO (c) 38 yrs			
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive CV Disease 10 yrs			
19a. DATE OF OPERATION 4-17-53		19b. MAJOR FINDINGS OF OPERATION Cancer Lungs, Liver Prostate Adeno scarcis,			20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X		
22. I hereby certify that I attended the deceased from Aug 12, 1952 to April 17, 1953 , that I last saw the deceased alive on April 17, 1953 and that death occurred at 9:40 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) A. U. Nester M.D.			23b. ADDRESS 5600 S. Compton		23c. DATE SIGNED April 18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE APR. 21 1953	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. APR 20 1953		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Brann		

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.....
Signature of Student Embalmer

Signed.....
James C. Dill

Licensed Embalmer No. 4347

P. O. Address 7906 *Ma*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.