

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG., DIST. NO. 5591 Registrar's No. 59

 1. PLACE OF DEATH
 a. COUNTY Jefferson

 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 Rural-Central

 c. LENGTH OF STAY (In this place) 3 Weeks

 c. CITY OR TOWN St. Louis

 d. Is Residence within limits of a city or incorporated town? Yes No

 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Castle Acres Conv. Home

 e. STREET ADDRESS (If rural, give location) 2233 Park Avenue

 3. NAME OF DECEASED
 (Type or Print) a. (First) James b. (Middle) J. c. (Last) Jordan

 4. DATE OF DEATH Nov. 7, 1955 (Month) (Day) (Year)

 5. SEX M

 6. COLOR OR RACE W

 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

 8. DATE OF BIRTH July 4, 1878

 9. AGE (In years last birthday) 77

IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman

 10b. KIND OF BUSINESS OR INDUSTRY Railroad

 11. BIRTHPLACE (City and State or Foreign Country) Ireland

 12. CITIZEN OF WHAT COUNTRY? U.S.A.

 13a. FATHER'S NAME Moses Jordan

 13b. MOTHER'S MAIDEN NAME ? Ryan

 14. NAME OF HUSBAND/ OR WIFE Mary 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. _____

 17. INFORMANT'S SIGNATURE OR NAME Wm. J. Jordan ADDRESS St. Louis, Mo.

 18. CAUSE OF DEATH
 Enter only one cause per line for (a), (b), and (c)

 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

 INTERVAL BETWEEN ONSET AND DEATH years

*This does not mean the mode of dying, such as heart failure, asthma, 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) acute cardiac decompensation
2 days

 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. 4222

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

 20. AUTOPSY? YES NO

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? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

 22. I hereby certify that I attended the deceased from Nov 5, 1955, to Nov 7, 1955, that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

 23a. SIGNATURE (Degree or title) Joseph J. Murphy M.D.

 23b. ADDRESS Res. 120.

 23c. DATE SIGNED Nov 8, 55.

 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

 24b. DATE 10/9/55

 24c. NAME OF CEMETERY OR CREMATORY Calvary

 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

 DATE REC'D BY LOCAL REG. 11-14-55

 REGISTRAR'S SIGNATURE Kathleen Marsden

 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlins ADDRESS 2301 Lafayette

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 19 1955

JAN 4 1956
R T MUF

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 *J. H. M. Tolcher*
Licensed Embalmer No. 353

P. O. Address *Desoto 7*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.