

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19143

State File No.

FILED MAY 24 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1169

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS,</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley</u> c. LENGTH OF STAY (in this place) <u>1 year</u> | | c. CITY OR TOWN <u>4000 CARSONVILLE 0</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PENN NURSING HOME</u> | | e. STREET ADDRESS (If rural, give location) <u>Rural</u> | |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u> b. (Middle) _____ c. (Last) <u>JORDAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 7, 1956</u> |
|---|---|

| | | | |
|--|---|----------------------------------|---|
| 5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>3/8/1875</u> | 9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min. |
|--|---|----------------------------------|---|

| | | | |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>(Unk)</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|--|--|--|

| | | |
|---|--|---|
| 13a. FATHER'S NAME <u>JOHN FRANK JORDAN</u> | 13b. MOTHER'S MAIDEN NAME <u>MARGARET CRUISE</u> | 14. NAME OF HUSBAND/OR WIFE <u>FLORA JORDAN</u> |
|---|--|---|

| | | |
|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> | 16. SOCIAL SECURITY NO. # <u>488-01-3122</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>CLELLA BURNS</u> ADDRESS <u>1638 NATURAL BRIDGE</u> |
|---|--|--|

| | | | |
|---|---|--|---|
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>unknown</u> <u>unknown</u> |
|---|---|--|---|

| | | |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from May 1, 1956, to May 7, 1956 that I last saw the deceased alive on May 1, 1956 and that death occurred at 6:25 Am., from the causes and on the date stated above.

| | | |
|---|--|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u> | 23b. ADDRESS <u>8231 Clayton Rd (17)</u> | 23c. DATE SIGNED <u>5-8-56</u> |
|---|--|--------------------------------|

| | | | |
|---|-------------------------|--|--|
| 24a. BURIAL, CREMATION REMOVAL <u>REMOVAL</u> | 24b. DATE <u>7/9/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>MORRIS MISSOURI</u> |
|---|-------------------------|--|--|

| | | |
|--|--|---|
| DATE REC'D BY LOCAL REG. <u>5-8-56</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STROOT - CARROLL</u> ADDRESS <u>4600 NATURAL BRIDGE AVE</u> |
|--|--|---|

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

0.300
0.48

8231
7-0702
TUE 3-5 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.....
Signature of Student Embalmer

Signed M. W. Rueter.....

Licensed Embalmer No. 486

P. O. Address St Louis

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