

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22248**
Registrar's No. **1437**

FILED JUN 21 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 541		Registrar's No. 1437			
1. PLACE OF DEATH a. COUNTY St. Louis , Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Clayton		c. LENGTH OF STAY (In this place) 5 Min.		c. CITY OR TOWN Wellston		d. In 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 St. Louis Co. Hosp.				e. STREET ADDRESS (If rural, give location) 6145 Minerva Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) _____ c. (Last) Jordan			4. DATE OF DEATH (Month) (Day) (Year) June 9th 1956						
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1/24/1880			
9. AGE (In years last birthday) 76		10. MONTHS 4		11. DAYS 15		IF UNDER 1 YEAR IF UNDER 1 HR. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -At home		11. BIRTHPLACE (City and State or Foreign Country) Pensacola, Florida		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME James Jackson			13b. MOTHER'S MAIDEN NAME Virginia ?			14. NAME OF HUSBAND OR WIFE Louis 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. None		17. INFORMANT'S SIGNATURE OR NAME Katie Ferguson				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Left ventricular failure; sudden. ANTECEDENT CAUSES Coronary atherosclerosis; arteriosclerosis; Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis (Chronic)			19a. DATE OF OPERATION					19b. MAJOR FINDINGS OF OPERATION 4221 4222	
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?					
22. I hereby certify that I attended the deceased from 2/7, 1956 to 6/9, 1956 , that I last saw the deceased alive on 6/9, 1956 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Print or Type) [Signature]				23b. ADDRESS 830 N. Kingshighway		23c. DATE SIGNED 6/11/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/14/56		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 6-12-56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney			

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

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 *Arthur B. Halliard*.....

Licensed Embalmer No. *422*

P. O. Address *4107 7th*

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.