

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

State File No. **43288**  
**11409**  
Registrar's No.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11409</b>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>University City</b>		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 <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>1067 Ferguson Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b>			b. (Middle) <b>DURWARD</b>		c. (Last) <b>JORDAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 10 - 56</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>March 13, 1875</b>		9. AGE (in years last birthday) <b>81</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>C.E. Williams Shoe Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Calloway County, Mo.</b>		12. COUNTRY OF BIRTH? <b>USA</b>		
13a. FATHER'S NAME <b>Richard Samuel Jordan</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Allen</b>		14. NAME OF HUSBAND OR WIFE <b>Lola Whitman Jordan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-01-9990</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Jordan</b> ADDRESS <b>1067 Ferguson Avenue</b>				
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* (a) <b>Pneumonia Bronchial</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Stomach</b> DUE TO (c) <b>with metastasis to Liver</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (m.)		
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 <b>June 1951</b> , to <b>Dec. 1956</b> , that I last saw the deceased alive on <b>12 Dec 1956</b> , and that death occurred at <b>11:05</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Paul N. Wagner</b>			23b. ADDRESS <b>University City (5) Mo.</b>			23c. DATE SIGNED <b>11 Dec 56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>12-13-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>DEC 12 1956</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>				

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 *Clarens A. Murray*.....

Licensed Embalmer No. *406*

P. O. Address *St. Louis*.....

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.