

STANDARD CERTIFICATE OF DEATH

43289

STATE FILE NUMBER

FILED JAN 15 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11862

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY, OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL # 1, 23			Length of stay in lb		d. STREET ADDRESS 1500 Mississippi		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) LUETTA First JORDAN Last				4. DATE OF DEATH DECEMBER 23, 1956 Month Day Year					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 28, 1899		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours 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 country) Ellington Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Fox				14. MOTHER'S MAIDEN NAME Lillie Robinson					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service) Nil			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Juanita Sanders 8123 Forest St East St Louis				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Raxilla DUE TO (b) RETICULUM CELL SARCOMA - STOMACH DUE TO (c) leaking esophageal - duodenal ANASTOMOSIS								INTERVAL BETWEEN ONSET AND DEATH 4 days 9 mo. 5 wk.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			200.0						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 10/27/56 to 12/23/56 and last saw her alive on 12/23/56 Death occurred at 1:23 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE George D. Robertson M.D. (Degree or title)					22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 12/24/56.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-25-56		23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Libertyville, Missouri.			
24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe 4700 Washington				25. DATE RECD. BY LOCAL REG. DEC 26 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D. MSB.			

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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56

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 *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *P. Lewis*.....

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