

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38461

STATE FILE NUMBER

FILED OCT 18 1957

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2265

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			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, give TOWNSHIP only) OR TOWN <b>Clayton, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis County Hosp. D.O.A.</b>		Length of stay in lb <b>3</b>	d. STREET ADDRESS (If outside, give location) <b>3108 Clark Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lonnie</b> Middle <b>Jordan</b> Last <b>Jordan</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>10</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>August 18, 1920</b>		9. AGE (In years last birthday) <b>37</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Tillis, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13. FATHER'S NAME <b>Walter Jordan</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>	17. INFORMANT <b>Mrs. Orgesta Jordan 3108 Clark Ave.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple internal injuries, fractures and loss of blood</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <b>E8300</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>25 2</b>					
20a. ACCIDENT <input checked="" 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.) <b>While walking or standing behind a dump truck</b>		
20c. TIME OF INJURY Hour <b>2:30</b> a. m. <b>9/10/57</b> Month, Day, Year			on construction project the deceased became entangled in the rear tandem wheels as the truck moved backward		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Construction job</b>	20f. CITY, TOWN, OR LOCATION <b>Creve Coeur St. Louis Mo.</b>		
I <b>317</b> attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Russell Harris</i> (Degree or title) <b>3</b> Coroner			22b. ADDRESS <b>Clayton, Mo.</b>		22c. DATE SIGNED <b>9/16/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/17/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Father Dickson Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>G. Wade Granberry</b>		ADDRESS <b>4202 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>9-13-57</b>	26. REGISTRAR'S SIGNATURE <i>Herbert B. Deane</i>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public  
Service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

300  
1-56

as

Missouri  
 of Louisiana  
 3108 Clark Ave.  
 Dept. 1, 1957  
 August 18, 1950  
 U. S. A.  
 Unknown  
 Mrs. Orresta Lorenz 3108 Clark Ave.

St. Louis  
 Clayton, Mo.  
 St. Louis County  
 Dennis  
 Male  
 Labor  
 Walter Lorenz  
 No

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 *Leroy U. Bonmaster*

Licensed Embalmer No. **4523**  
 P. O. Address **4251 Washington**

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.

G. W. ...  
 4251 Washington Ave.