

FILED APR 21 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016694

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1057

300  
-57  
2  
0

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kinloch 4091/2</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>County Hosp.</u>		Length of stay in 1b <u>3 WKS</u>	d. STREET ADDRESS (If outside, give location) <u>312 CARSON</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED First George Middle Last Jordan 4. DATE OF DEATH Month 4 Day 15 Year 58

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH 11 JAN 1894 9. AGE (In years last birthday) 64

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor 10b. KIND OF BUSINESS OR INDUSTRY Various 11. BIRTHPLACE (City and state or country) Dalton, GA 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BURT JORDAN 13b. MOTHER'S MAIDEN NAME HESTER CASH 14. NAME OF HUSBAND OR WIFE BEATRICE JORDAN  
LENA MAE JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. unk 17. INFORMANT LENA MAE JOHNSON Address Kinloch

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 Edema INTERVAL BETWEEN ONSET AND DEATH  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 522X  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Atherosclerosis. 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 3-24-58 to 4-15-58 and last saw her alive on 4-15-58  
Death occurred at 3:33 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert J. Ayer M.D. 22b. ADDRESS 601 So. Brentwood 22c. DATE SIGNED 4-15-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/22/58 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) (State) St Louis Co. Mo.

24. FUNERAL DIRECTOR Boyd Bros. Funeral Home ADDRESS Kinloch 25. DATE RECD. BY LOCAL REG. 4-16-58 26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Edward A. Flynn* .....

Licensed Embalmer No. *4444* .....  
P. O. Address *Kilbuck* .....

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.