

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016923

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1228

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>St Johns</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St Johns</u> <u>4211</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3243 Marshall</u>		Length of stay in 1b <u>50 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>3243 Marshall</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>C</u> Last <u>JORDAN</u>			4. DATE OF DEATH Month <u>May</u> Day <u>3</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 21 1877</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Service Station</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>	11. BIRTHPLACE (City and state or country) <u>St Louis</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Jordan</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Jordan</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Theresa Jordan 3234 Marshall</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>4:00 AM</u> Month, Day, Year a.m. <u>5-3-58</u> p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>5-3-58</u> to <u>5-3-58</u> and last saw ^{her} _{him} alive on <u>5-3-58</u> Death occurred at <u>4:00 AM 5-3-58</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Cerne E. Carlson M.D., 0</u>			22b. ADDRESS <u>8711 St. Charles Rock Rd.</u>		22c. DATE SIGNED <u>5-3-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Galvany Cemetery</u>		23d. LOCATION (City, town, or county) <u>St Louis Mo</u>	(State)
24. FUNERAL DIRECTOR ADDRESS <u>Ortmann F Home 9222 Lackland</u>			25. DATE RECD. BY LOCAL REG. <u>5-5-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u> <u>DR</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Al C. Oitmann*

Licensed Embalmer No. *3478*

P. O. Address

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.