

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020352

STATE FILE NUMBER

FIRST MAY 26 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1379

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1. PLACE OF DEATH a. COUNTY St. Louis.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY Steuben	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hornell 8 31 0 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital DOA		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) # 41 Williams, St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First William	Middle	Last Jordan	Month May	Day 22,
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 29, 1906
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state or country) St. Paul, Minn.	
13a. FATHER'S NAME Edward Jordan		13b. MOTHER'S MAIDEN NAME Agnes Lacombe	14. NAME OF HUSBAND OR WIFE Margaret	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 077-01-4775	17. INFORMANT Address Margaret Jordan, # 41 Williams, St.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY THROMBOSIS		Hornell, New York		INTERVAL BETWEEN ONSET AND DEATH 20 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.		DUE TO (b)		
		DUE TO (c)		
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 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 Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Hornell, New York		COUNTY	STATE

21. I attended the deceased from _____ to **12:50 PM - MAY 22, '58** and last saw him alive on **NEVER SAW HIM ALIVE**
Death occurred at **12:50 (APPROX.) P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John R. Weber, M.D.	22b. ADDRESS 40 N. Florissant	22c. DATE SIGNED May 22, '58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-23-58	23c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery	23d. LOCATION (City, town, or county) (Sign) Hornell, New York.
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24. FUNERAL DIRECTOR Albert H. Hoppe	ADDRESS 4700 Washington, Blvd.	25. DATE RECD. BY LOCAL REG. 5-22-58	26. REGISTRAR'S SIGNATURE Verlust R. Danke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 E. J. Remelieu

Licensed Embalmer No. 4283
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.