URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 19 1959

59-042054

STATE FILE NUMBER

MENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210199

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hos. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2320 B. Franklin Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Hattie	Middle	Last: Jordan	4. DATE OF DEATH	Month: Nov	Day: 4,	Year: 1959.	
5. SEX: Female	6. COLOR OR RACE: Col.	7. Married X Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH: 2/10/96	9. AGE (last birthday): 63	IF UNDER 1 YEAR Months: 8	Days: 24	IF UNDER 24 HR 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	11. BIRTHPLACE (City and state or country): Tchula, Miss.	12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Mose Boldon	13b. MOTHER'S MAIDEN NAME: L. Howard	14. NAME OF HUSBAND OR WIFE: Frank Jordan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Frank Jordan — Address: 2320 B. Franklin Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Hypertensive Heart disease	1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Nephritis	Unknown
DUE TO (c)	Bronchial asthma	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 592x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 a.m. p.m. Month, Day, Year

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 Oct 24 1959 to Nov 3rd and last saw her/him alive on Nov 3-1959

Death occurred at Nov, 4, 1959 11:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. E. Moor (Degree or title) MD	22b. ADDRESS: 2330 E Franklin	22c. DATE SIGNED: 11-5-59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: Nov,6,1959	23c. NAME OF CEMETERY OR CREMATORY: Durant Cem.	23d. LOCATION (City, town, or county) (State): Durant Miss.
24. FUNERAL DIRECTOR: Wright Funeral Home	ADDRESS: 3100 Easton Ave	25. DATE RECD. BY LOCAL REG.: NOV 6 1959	26. REGISTRAR'S SIGNATURE: Noal Smith M.D. MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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 Arthur L. Hille

Licensed Embalmer No. 4221

P. O. Address 3100 Cal

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