MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. STATE FILE NUMBER 3072-61-011078

FILED APR 14 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 1 yr. 2 mo.
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Chronic Hosp. — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
d. STREET ADDRESS (If outside, give location): 1004a Bates — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Edward Middle: Last: Jordi
4. DATE OF DEATH: Month: 3 Day: 30 Year: 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-30-70
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Andrew Jordi
13b. MOTHER'S MAIDEN NAME: Magdalena Newcomb
14. NAME OF HUSBAND OR WIFE: Bertha------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: Emma Schlechter Address: 1004a Bates

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Progressive Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerotic Disease — Several years
DUE TO (c): 450.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): (3) Malnutrition (4) Decubiti (5) Pneumonitis
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 1-13-60, to 3-30-61 and last saw her/him alive on 3-30-61
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John Henry (Degree or title): MD
22b. ADDRESS: 5800 Arsenal St.
22c. DATE SIGNED: 3-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/1/61
23c. NAME OF CEMETERY OR CREMATORY: New St Marcus Cemetery
23d. LOCATION (City, town, or county) (State): St Louis Mo.
24. FUNERAL DIRECTOR: John L Ziegenhein & Sons ADDRESS: 7027 Gravois
25. DATE RECD. BY LOCAL REG.: APR - 1 1961
26. REGISTRAR'S SIGNATURE: Hoad Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Donald Binny

Licensed Embalmer No. 4863

P. O. Address St. Louis, 2

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.