

MISSOURI DEATH CERTIFICATE OF DEATH

318 Primary Registration District No. 1003 Registrar's No. 3461-61-015301 STATE FILE NUMBER

AMENDED

Registration District No. 318  
 FILED APR 24 1961

DATE AMENDED  
 5/2/61

INSTEAD OF  
 AMENDMENTS ON THIS RETURN ARE AS FOLLOWS

ITEM NO. SHOULD READ  
 18b Arteriosclerotic Heart Disease

BY AFFIDAVIT OF  
 Attending physician

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4673 Evans</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Anderson Jordan</b>			4. DATE OF DEATH Month Day Year <b>4 8 61</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/16/91</b>	9. AGE (last birthday) <b>69</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pipe Mfg. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Port Gibson, Miss</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Willis Jordan</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza -unavailable</b>		14. NAME OF HUSBAND OR WIFE <b>Cherrie Jordan</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No --</b>			17. INFORMANT Address <b>Mounta Lee Scott, 4673 Evans Ave</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>4200</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Fatty Metamorphosis of Liver</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 <b>4-6-61</b> , to <b>4-8-61</b> and last saw <b>xx</b> him alive on <b>4-8-61</b> Death occurred at <b>1:55</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Ink, degree or title) <b>Sydney A. Frasen, M.D.</b>			22b. ADDRESS <b>2601 N. Whittier St.</b>		22c. DATE SIGNED <b>4-10-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/14/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Dale Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lemay Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Cunningham &amp; Moore, 2405 Marcus</b>			25. DATE RECD. BY LOCAL REG. <b>APR 11 1961</b>		26. REGISTRAR'S SIGNATURE <b>Loat South, M.D.</b>

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 John Cunningham  
Licensed Embalmer No. 4476  
P. O. Address 2405 Marcus

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.