MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-030847
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7586

FILED AUG 23 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST.LOUIS,MO — Length of stay in 1b

c. CITY OR TOWN St. Louis. — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST.LOUIS CITY HOSP. #1. — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4429 Delor, St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First STANLEY Middle ETHAN Last JORDAN

4. DATE OF DEATH Month AUG Day 11 Year 1961

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8/10/61

9. AGE (last birthday) — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Clarence S. Jordan

13b. MOTHER'S MAIDEN NAME Patricia Hansleben

14. NAME OF HUSBAND OR WIFE Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.

16. SOCIAL SECURITY NO. None

17. INFORMANT Address Clarence S. Jordan, 4429 Delor, 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) Immaturity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 762.5
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lungs - atelectasis

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 8/10/61, to 8/11/61 and last saw her/him alive on 8/11/61
Death occurred at 10:40 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Anne E. Barron, M.D.

22b. ADDRESS 1515 LAFAYETTE AVE

22c. DATE SIGNED 8/11/61.

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8-15-61

23c. NAME OF CEMETERY OR CREMATORY Rucker Cemetery

23d. LOCATION (City, town, or county) (State) Williamsville, Mo.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. AUG 15 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED 5/2

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 No Embalm - packed for Burial, ~~Student~~ Embalmer No. — — working under my personal supervision.

Student — — —
Signature of Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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.