No. 2
13-40
7-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23749

FILED AUG 28 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6091

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillip Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0, (Specify whether years, months or days)

In this community about 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Mo.

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. 2906 ~~Lucas~~ Ave LOCUST (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

000 13 21

3. (a) PRINT FULL NAME Edward Jordan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie B Jordan

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 79 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolinia (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Tom Jordan

13. Birthplace N. C. (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace N. C. (City, town, or county) (State or foreign country)

16. (a) Informant Willie B Jordan

(b) Address 2906 Lucas Avde

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 194 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. ". Beal Und Co.

(b) Address 2726 Lucas Ave.

19. (a) JUL 26 1941 (Date received local registrar) (b) J. H. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1941 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage caused by Ruptured Right Ventricle; Fractured Ribs; Rupture of the Right Inguinal — Duration

Due to Sac through which exuded the small intestines; when deceased was

Due to found lying on the lawn at City Hospital #2, on July 23rd, 1941, at

Other conditions about 3:30 A.M. (Include pregnancy within 3 months of death)

Major findings: WHETHER HE JUMPED OR FELL FROM

Of operations THIRD FLOOR WINDOW OF THE HOSPITAL COUDD NOT BE DETERMIN

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callerin (M. D. or other)

Address Deputy Coroner Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2649 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.