

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21803

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 6248

City Richmond Heights Mo.

(Name of Hospital) St. Mary's Hospital

File No.

Registered No. 141

St. Ward)

2. FULL NAME

Charles F. Orr

(a) Residence. No. 6517 Joseph St. St. Louis Co. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 16, 1917

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ____ hrs. or ____ min.

10

7

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

10. NAME OF FATHER

John Orr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New Jersey

12. MAIDEN NAME OF MOTHER

Louisa Whiffle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

14.

INFORMANT

(Address)

John Orr.
6517 Joseph St.

15.

FILED

6/16 19 28

L. L. Jensen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 15 1928

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... 210 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auto accident on Parkway
on between Page & Robins
causing fractured skull
cerebral hemorrhage
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Louis H. Bopp
4/16 19 28 (Address) 131 W. 90th, Kinswood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Zion's Cemetery June 18, 1928

20. UNDERTAKER

ADDRESS

Wiegshauser & Co. Manchester
4104

