MAR 27 1931

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

Do not use this space.

6847

96

1. PLACE OF DEATH

County St Louis — Registration District No. 784 — File No.

Township St Ferdinand — Primary Registration District No. 6030 — Registered No.

City Florissant (No. ..... St. ..... Ward)

2. FULL NAME Caroline Ortlepp

(a) Residence. No. RR no 3 St., ... Ward. Florissant Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, WIDOWED OR ~~DIVORCED~~ (write the word)
female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	11	10	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Nick Kenny

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 10
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known 31

14. INFORMANT Robert Ortlepp
(Address) Belleville Ills

15. FILED 3-3, 1931 Dr. Carl J. Koontz
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1931, to Feb 1st, 1931, that I last saw her alive on 2-1-, 1931, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Apoplexy (Cerebral Haemorrhage)

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Roy Johnson, M. D

2-2, 1931 (Address) Ferguson, 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
Walnut Hill Belleville Ills	Feb 3 1931

20. UNDERTAKER	ADDRESS
Edgar Baldus Gundlach & Co	Belleville Ills

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.