NOV 23 1937

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

38642

Do not use this space.

9

12

1. PLACE OF DEATH

(a) County St. Charles. Registration District No. 757

(b) Township St. Charles Primary Registration District No. 5998 Registered No. 183

(c) City (d) Street No. Webfoot Lodge. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME WILLIAM, D, ORTHWEIN - II

(a) Residence, No. Litzsinger Road. St. Louis Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	40	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Vice-Pres.

9. Industry or business in which work was done, as saw mill, bank, etc. Laclede Bond, & Mortgage Co.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

FATHER

13. NAME Fred C. Orthwein.

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

MOTHER

15. MAIDEN NAME Jeanette Niedringhaus.

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

17. INFORMANT (ADDRESS) Mrs. Dorothy Orthwein. Litzinger Road. Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 3, 1937.

19. FUNERAL DIRECTOR (ADDRESS) Arthur J. Donnelly. 3840 Lindell Blvd.

20. FILED 11/1 1937 Clarence G. Wessler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-37 19

22. I HEREBY CERTIFY, That ~~I attended deceased~~ from HELD INQUEST to 10-31-37, 19

I last saw him alive on ——, 19—. Death is said to have occurred on the date stated above, at 5 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
	✓

Other contributory causes of importance:

✓

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Jim H Buse

(Address) Coroner - St. Charles Co., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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