DEC 13 1937

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

39544
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 10531

(c) City St. Louis (d) Street No. St. Louis Childrens Hospital 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 Albert Charles Ortolf,

(a) Residence, No. 1953 Cherokee St. St. 24
(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	Nil

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1937

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil

9. Industry or business in which work was done, as saw mill, bank, etc.

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 Albert C. Ortolf

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

MOTHER

15. MAIDEN NAME Dorothy Ebert

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

17. INFORMANT Albert C. Ortolf
(ADDRESS) 1953 Cherokee St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Nov. 13, 1937

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED NOV 13 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-7-37, 19..., to 11-12-37, 19...
I last saw h... alive on 11-12-37, 19... Death is said to have occurred on the date stated above, at 12:40 m. P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
SEPTIC INFECTION OF MOUTH + THROAT (STOMATITIS)	11-6-37
INANITION FROM DYSPHAGIA (BREAST-FED)	11-11-37

Other contributory causes of importance:

Name of operation No Date of X

What test confirmed diagnosis? THROAT Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19X
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify X

(Signed) Walter E. Grant M.D., M. D.
(Address) 3501 California Ave

(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, Frank J. Ryland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by No Embalmin

L. E.

No. 2645 or by Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Ryland

Licensed Embalmer No. 2645

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