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.

FEB 12 1938

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

770

Do not use this space.

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1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 626

(c) City St. Louis (d) Street No. Homer G. Phillips Hosp. 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. 2 mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Natie Orr 600

(a) Residence, No. 2934 Lawton Blv. St. 21
(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: male
4. COLOR OR RACE: color.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

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

7. AGE: About 27 YEARS | MONTHS: no | DAYS: no | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): meridian miss

FATHER

13. NAME: David Orr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Point miss

MOTHER

15. MAIDEN NAME: Sallie Bridges

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Birmingham Ala.

17. INFORMANT (ADDRESS): Arthur Bridges [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St Louis. DATE 1-22 1938

19. FUNERAL DIRECTOR (ADDRESS): C. T. Nash 111 N. 13th St. E. St. Louis

20. FILED JAN 18 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1938

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance: Chronic Myocarditis

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Alfred G. Perry M. Dr

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, C. T. Nash, Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~ Not Embalmed

L. E.

No. 2432 or by, Registered Apprentice No.

working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2432

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.)