

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 791

37601

Do not use this space.

Registered No. 9928

1. PLACE OF DEATH

(a) County Registration District No. 1008
 (b) Township St Louis Mo 1 Primary Registration District No. City Hospital
 (c) City (d) Street No. (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

(a) Residence, No. 2704 1/2 So. 11th St St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widows

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 abt. 55

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Labor
 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) Ark Mo
 St Louis Mo

FATHER 13. NAME John ORR
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER 15. MAIDEN NAME MARY ORR
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

17. INFORMANT Mrs Leona Foster
 (ADDRESS) 6108 Plymouth

18. BURIAL, CREMATION, OR REMOVAL PLACE Cal. 11-1938 DATE 11-18 38

19. FUNERAL DIRECTOR SULLIVAN
 (ADDRESS) 2849 So Euclid
 St Bredeck

20. FILED NOV 17 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 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 7:12 P.M.

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

Coronary Occlusion
 Arteriosclerosis

Other contributory causes of importance:

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) J. P. McJannet, M. D.
 (Address) 1000 Grand

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, Albert Mayfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Albert Mayfield
Licensed Embalmer No. 3077

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