

JAN 17 1939

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

41533
Do not use this space.

791
1003

Registered No. 11225

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis or (d) Street No. DePaul Hosp St.
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anthony J Ortell

(a) Residence, No. Jefferson Hotel St. 25
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10th. 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME John Ortell

14. BIRTHPLACE (CITY OR TOWN) Italy (STATE OR COUNTRY)

15. MAIDEN NAME Marie Morttemory

16. BIRTHPLACE (CITY OR TOWN) Italy (STATE OR COUNTRY)

17. INFORMANT Agelina Januzzo (ADDRESS) 3454 Canterbury St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cent DATE 12/30/38 19...

19. FUNERAL DIRECTOR Harrigan & Sheahan Und C (ADDRESS) 4415 Washington Blvd.

20. FILED DEC 29 1938 J. B. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/38 19...

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1938, to Dec. 27 1938

I last saw him alive on Dec. 27 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Hodgkins Disease

Date of onset

Other contributory causes of importance:

Name of operation Biopsy Date of
What test confirmed diagnosis? etc above 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) George A. Carroll M. D.
(Address) 6607 N. Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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