

APR 4 - 1939
 APR 7 1939

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

12292
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis, ² Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 609
 (c) City Overland, Mo. ¹ (d) Street No. 8833 Argyle, Ave., _____ 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 OTTO WALTER ORSECH.
 (a) Residence, No. 8833 Argyle, Ave., St. (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Orsech				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 30th 1867</u>				
7. AGE	YEARS 71	MONTHS 9	DAYS 2	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. <u>Cabinet Maker</u>			
	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) <u>Alpine,</u> _____ (STATE OR COUNTRY) <u>Michigan</u> ¹				
FATHER	13. NAME _____ ⁹			
	14. BIRTHPLACE (CITY OR TOWN) _____ ⁹ (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME _____			
	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)			
17. INFORMANT <u>Saddie Orsech McGruby.</u> (ADDRESS) <u>8833 Argyle, Ave., Overland, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>April 4th 39</u>				
19. FUNERAL DIRECTOR (NAME) <u>C.R. Lupton & Sons.</u> (ADDRESS) <u>7233 Delmar, Blvd. University City</u>				
20. FILED <u>APR 4 - 1939</u> <u>G.R. Meyer</u> ^{Local Registrar}				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>April 7, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>March 2, 1939, to March 31st, 1939</u>	
I last saw him alive on <u>March 31st, 1939</u> . Death is said to have occurred on the date stated above, at <u>9 P.</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u>	
Other contributory causes of importance: <u>Arterio Sclerosis</u>	
Name of operation	Date of _____
What test confirmed diagnosis <u>Arterio</u>	Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify _____ (Signed) <u>Ruel Turner</u> , M. D. (Address) <u>1251 Bluestone, ave</u>	

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.

Dr. Rush Turner.
1251 Blackstone
Mt-1250
9-11 A.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Clarence H. Murray, Registered Apprentice No. _____ working under my personal supervision.

Signed Clarence H. Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.