

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

16994
Do not use this space.

1. PLACE OF DEATH 1939
 (a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City Saint Louis, Mo. (d) Street No. Saint Louis Maternity Hospital St. 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 Ortolan, Infant
 (a) Residence, No. St. Granite City, Ill
 (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)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8:55 P.M. May 2, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 wks Gestation
Miscarriage
 OCCUPATION 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.
 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) Saint Louis, Mo.

FATHER 13. NAME Ortolan, Roman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JugoSlavia

MOTHER 15. MAIDEN NAME Robison, Theresa
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East St. Louis, Ill.

17. INFORMANT (ADDRESS) St. Louis Maternity Hospital
630 Sol Kingshighway Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash View DATE MAY 18 1939

19. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology

20. F. MAY 17 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw alive on 19..... Death is said to have occurred on the date stated above, at 8:55 m. p.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Miscarriage 14 weeks
Stillbirth
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify.....

(Signed) W. H. Bayliss M. D.
 (Address) 1110 North 1st St. Wash. Mo.

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.

3046-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)