

1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37230

Registration District No.

784

Primary Registration District No.

114

Registrar's No.

1755

1. PLACE OF DEATH:

(a) County St. Louis 2
 (b) City or town Shrewsbury
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7425 Sutherland Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Robert Lee Oreo3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color of
race White6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept.
(Month)11th
(Day)1930
(Year)

8. AGE:

Years

Months

Days

If less than one day

9024

hr. _____ min.

9. Birthplace St. Louis

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation

Student

11. Industry or business

St. Michaels School0

12. Name

Louis Oreo

13. Birthplace

Italy?
(State or foreign country)

14. Maiden name

Pearl Rodger

15. Birthplace

Dallas CityIllinois
(State or foreign country)

16. (a) Informant's own signature

Louis Oreo

(b) Address

7425 Sutherland Ave.17. (a) Burial

(b) Date thereof

10-10-39

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

New St. Peter & Paul

18. (a) Signature of funeral director

Kriegshauser Mortuaries4228 So. Kingshighway

(b) Address

19. (a) OCT 6 1939

(Date received local registrar)

D. R. Mey. M.D.

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Shrewsbury
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7425 Sutherland Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th
 year 1939 hour 6:30 minute P.M. M.

21. I hereby certify that I attended the deceased from _____

_____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

Tetanus1 day

Due to _____

Accidentally struck by aDue to stick during play. ----- 9/28/39Other conditions Small wound of Right side offace.
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence

Sept 28, 1939

(c) Where did injury occur?

St. Louis Co.

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

HomeWhile at work? no (Specify type of place)23. Signature J. H. Powell struck by a stickAddress Coroner of St. Louis County Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM 1 X1851

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edward M. Bennett*.....

Licensed Embalmer No. *3024*.....

P. O. Address.....

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.