

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **9428**
Registrar's No. **2911**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4471 Taft
(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 OSMOND LORANCE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 4-93-09-9851

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Lorraine 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased April 13, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 14 hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer Brewery

11. Industry or business A. B. C. Brewery

12. Name William H. Lorraine

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Ida Tourville

15. Birthplace St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Hoff
(b) Address 4471 Taft Ave.

17. (a) Cremation (b) Date thereof 3-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd., St. Louis

19. (a) MAR 28 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")
(d) Street No. 4471 Taft
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3- day 27th
year 1940 hour 7 minute am M.

21. I hereby certify that I attended the deceased from March 17th to March 27th 1940;
that I last saw him alive on March 26th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Tuberculosis (2)

Due to _____
Due to _____
Other conditions (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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature James A. DeLoach (M. D. or other) _____
Address 5883 Indian Date signed 3/28/40

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

MOTHER FATHER

Dr. Jas. A. Dickson
5983 Julian

130 - 310

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

Virgil L. Berryman

Licensed Embalmer No.

14018

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.