

S. No. 2
-11203
5-17
X-17

AUG 25 1940 791

Registration District No.

Primary Registration District No. 1003

Registrar's No.

I. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 26 dys
(Specify whether years, months or days)
In this community 24 yrs.

8. (a) PRINT FULL NAME VIOLA ORATOR 636

8. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Stanley Orator 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased November 9th 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 7 12 .hr. min.

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

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant John Joseph

(b) Address 5700 Arsenal St

17. (a) Burial (b) Date thereof July 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave

19. (a) JUL 24 1940 (b) J. F. Bredenk
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis, Missouri 13
(If outside city or town limits, write "RURAL")

(d) Street No. 3963a Castleman Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 24 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 9.15 minute P. M.

21. I hereby certify that I attended the deceased from June 26, 1940
to June 21, 1940;

that I last saw her alive on June 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 7-18-40

Due to Arteriosclerosis 6-26-39-x

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Yes

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)

While at work? _____ (e) Means of injury _____

23. Signature A.K. Busch (M. D. or other) _____
Address City Sanitarium Date signed 7/22/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

General Form

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.....

J. S. Sullivan

Licensed Embalmer No. 1122

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.