

Registration District No. 791

Primary Registration District No. 1003

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:
Barnes Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 25 years
years, months or days)

3. (a) PRINT FULL NAME BERTHA ORR 600

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

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

6. (b) Name of husband or wife Robert H. Orr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 9 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>11</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name A. Bohne

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

14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miriam Smith

(b) Address 209 So. Euclid Ave.

17. (a) Cremation (b) Date thereof July 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Dalmar Blvd.

19. (a) JUL 24 1940 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis /
(If outside city or town limits, write "RURAL")
(d) Street No. 4435 Forest Park Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 75 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1940 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of arm and fracture of leg of both limbs when driving my own 1940 Model Chrysler Coach car which was part of about 209 So Euclid Ave.
Other conditions About 10:45 AM July 23, 1940
(Include pregnancy within 3 months of death)

Major findings: 210 ml
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 July 23, 1940

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work? _____ (Specify type of place)
(e) Means of injury Auto

23. Signature J. F. Bredbeck (M. D. or other)
Address Deputy Coroner

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.....

Albert G. White....., Registered Apprentice No. 209.....
working under my personal supervision.

Signed Jose McCulloch.....
Licensed Embalmer No. 2460.....
P. O. Address 6125 Delmar.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDY WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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