S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40523

Registration District No. 791 Primary Registration District No. Registrar's No. 10294

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: Park Plaza Hotel 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003

(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 220 N. Kingshighway
(If rural, give location)

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

3. (a) PRINT FULL NAME Jeannette F. Orthwein

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frederick C. Orthwein

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) 24 (Day) 1875 (Year)

8. AGE: Years 65 Months 1 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William F. Neidringhaus 10
13. Birthplace (City, town, or county) Germany 6 (State or foreign country)

MOTHER
14. Maiden name Mary Bittner
15. Birthplace St. Louis, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Fred C. Orthwein Jr.
(b) Address 48 Portland Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St. Louis, Mo.

19. (a) DEC 18 1940 (Date received in all registrar) (b) J. W. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from About 3 yrs. 19 , to Dec 14 , 1940
that I last saw her alive on About Dec 1 , 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis & Hypertension

Due to

Other conditions Chronic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Sev
Months

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)
While at work? (e) Means of injury

23. Signature J. Albert Key (M. D. or other) M D
Address 4952 Maryland Date signed 12-14

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed [redacted] by Robert T. Langston, Registered Apprentice No. 259, working under my personal supervision.

Signed Neville B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive St.

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.