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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. 41168

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 10939

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis 10 (If outside city or town limits, write "RURAL")
(d) Street No. 3219 N. Taylor (If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 0

3. (a) PRINT FULL NAME Orange Close
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ethel Close
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased January 6, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	25	hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Conductor 1
11. Industry or business 1
MOTHER FATHER
12. Name John Close 1
13. Birthplace (City, town, or county) Iowa (State or foreign country)
14. Maiden name ~~Mary Ford~~ Mary Ford
15. Birthplace (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Ethel Close
(b) Address 3219 N. Taylor
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/4/41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) DEC 31 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31 year 1940 hour 10.35 P.M. minute M.
21. I hereby certify that I attended the deceased from Dec. 5th, 1940 to Dec. 31st, 1940; that I last saw him alive on Dec. 31st, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic valvular heart disease.	5 yrs
Due to Chronic interstitial nephritis	3 yrs
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)
While at work? (e) Means of injury

23. Signature [illegible] M. D. or CORONER
Address 508 North Grand Date signed 1/2/41

(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 by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1284

P. O. Address St Louis Mo.

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

If this body is not embalmed, fact should be so stated above.