

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6917**

1. PLACE OF DEATH:

(a) County Louis
 (b) City or town Louis
 (c) Name of hospital or institution City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 mos
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Candida ORNI

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased March 23 1862
 (Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation House work

11. Industry or business _____

12. Name Anton Orni

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

14. Maiden name Orni

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

16. (a) Informant Mrs. Ida Rosenthal

(b) Address 4116 Humphrey

17. (a) Burial (b) Date thereof 7-26-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director William B. ...
 (b) Address 504 ...

19. (a) AUG 26 1941 (b) J. H. ...
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
 (c) City or town Louis (If outside city or town limits, write "RURAL") 1617
 (d) Street No. 4116 Humphrey (If rural, give location) F
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 26
 year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia - Chr. myocarditis - Chr. interstitial nephritis - Inst. of hrt. kip. when Due to decreased strength to sidewalk between Westminster and 1st Due to Theron Ave. on Vandeventer Ave. on Feb. 26, 1941. Duration _____

Other conditions (Include pregnancy within 3 months of death) Accident.

Major findings: Of operation 1862 Of autopsy 39

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 2-26, 1941 0001

(c) Where did injury occur? Louis Mo.

(d) Did injury occur in or about home, or in industrial place, in public place? Pub. Place

While at work? No (Specify type of place) (e) Means of injury Fall

23. Signature Thomas ... (of D. of other) 3

Address Deputy ... Date signed 8/26/41

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

3390

FILED SEP 17 1941

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

Howard F. Powell

Licensed Embalmer No. 3116

P. O. Address.....

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

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