

Registration District No. 257

Primary Registration District No. 3036

Registrar's No. 201

1. PLACE OF DEATH:

(a) County. ST. CHARLES 2
(b) City or town. ST. CHARLES MO
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME MRS. MARGARET ORF
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife ANTON ORF 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 25 1852
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WORK

11. Industry or business _____

MOTHER FATHER { 12. Name ROETTGER
13. Birthplace JOSEPHVILLE MO
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ANN MATHON
(b) Address ST. CHARLES MO.

17. (a) BURIAL (b) Date thereof 10-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PAUL MO

18. (a) Signature of funeral director Ed Smith
(b) Address Osage MO.

19. (a) 10-18-41 (b) Lawrence D. Messler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. CHARLES 92
(c) City or town ST. CHARLES 8
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 18
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 1935 to oct 10 1941
that I last saw her alive on oct 6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Sensitivity
chronic myocardial isem.
Due to Sensitivity & Atherosclerosis
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy
PHYSICIAN _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Vernon W. Schuber (M. D. or other) MD
Address St Charles, MO Date signed Oct 20

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

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..... *E. Keithly*

Licensed Embalmer No. *874*

P. O. Address *Dallow M*

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.