

S. No. 2
1-4-41
7-5-17-39
P-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3625

State File No. _____

FILED FEB 11 1942

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 254

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Convalescent Home
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6323A Bartmer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Orr

3. (b) If veteran, name war No 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 Isabelle Orr 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 14, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 17 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Harrison Orr

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

14. Maiden name Catherine Martin

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

16. (a) Informant Mrs. Isabelle Orr

(b) Address 6323 A Bartmer Ave.

17. (a) Burial (b) Date thereof Feb. 3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) FEB 2 1942 (b) C. D. Mc
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st
year 1942 hour _____ minute 5:30 P.M.

21. I hereby certify that I attended the deceased from Jan. 21st, 1942
to Jan 31, 1942

that I last saw him alive on Jan. 31, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Bronchopneumonia

Due to Chronic myocarditis

Due to 93d

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

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

23. Signature B. R. Irving (M. D. or other) hus

Address Ballwin Date signed 1-31-42

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

600

58761942

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.....

W. H. Burnley

Licensed Embalmer No.....

P. O. Address..... **St. Louis, Mo.**.....

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, fact should be so stated above.