

Bureau of the Census
FILED JUN 22 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5433

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19
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
6222 Delor St.
(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.....

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

(d) Street No. 6222 Delor St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Nettie Orr

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. Married

6. (b) Name of husband or wife. William G. Orr

6. (c) Age of husband or wife if alive. 78 years

7. Birth date of deceased. Nov. 26th 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>15</u> hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Charles F. Kuhn

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

14. Maiden name Margaret Kurtzbohn

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

16. (a) Informant William G. Orr
(b) Address 6222 Delor St.

17. (a) Entombment (b) Date thereof. 6-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Mausoleum

18. (a) Signature of funeral director Kristina Hauser Mortuary
(b) Address 4228 So. Kingshighway Blvd

19. (a) JUN 12 1942 (b) G. F. Redbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1942 hour 9:30 minute P.M. M.

21. I hereby certify that I attended the deceased from May 5 1942 to June 10 1942
that I last saw h. er alive on June 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
apoplexy cerebral embolism

Due to arterio sclerosis

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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?.....

23. Signature Andrew Jaunger (Specify type of place) 0
While at work (b) Means of injury.....

23. Signature G. F. Redbeck (M. D. or other).....
Address 4602 Gravois Date signed 6/11/42

Duration 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Reinhold K. Schumann

Licensed Embalmer No. *3395*

P. O. Address.....

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.