

FILED OCT 2 1942

Registration District No. 205

Primary Registration District No. 6047

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Josephville rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Cover Hosp
(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 JOSEPH ORF

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

4. Sex MO 5. Color or race white 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased Sept. 4 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Aloys Orf
13. Birthplace Flint Hill MO
(City, town, or county) (State or foreign country)
14. Maiden name Philomane Wilmes
15. Birthplace Josephville MO
(City, town, or county) (State or foreign country)

16. (a) Informant Aloys Orf

(b) Address Wentzville MO

17. (a) _____ (b) Date thereof 9-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Josephville map

18. (a) Signature of funeral director Geo. Steffeler

(b) Address St. Peters Mo

19. (a) 9-10-42 (b) Gertie D. Fowler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Charles
(c) City or town Josephville rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U.S.A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4 -
year 1942 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from Sept 2 1942 to Sept 4 1942
that I last saw him alive on Sept 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 159

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? _____

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

23. Signature W. H. Wilkey (M. D. or other) MO

*Address Wentzville, MO Date signed 9/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

92
00
0

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. _____

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, above space should be left blank.