

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

38106/

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 10 1942  
Registration District No. \_\_\_\_\_

Primary Registration District No. 200

Registrar's No. 2431

96  
0  
0

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6312 Suburban Ave.  
(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: 96

(a) State Missouri (b) County St. Louis 1

(c) City or town Wellston 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 6312 Suburban Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNA ORR.

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

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

4. Sex Female 5. Color or /race White

6. (a) Single, widowed, married, /divorced Married

6. (b) Name of husband or wife Frank Orr. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February 28, 1886.  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 10 1942 to Nov 20 1942  
that I last saw him alive on 11-20-1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

56 8 22 hr. min.

Immediate cause of death Chf myocardial Duration 1935

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

Due to Chf myocardial 1930

10. Usual occupation Housewife

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) pat of

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Fortner.

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

14. Maiden name Dont know.

15. Birthplace Dont know. 9  
(City, town, or county) (State or foreign country)

Major findings: Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Frank Orr.

(b) Address 6312 Suburban Ave.

17. (a) Burial (b) Date thereof 11-23-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

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? ✓

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury ✓

19. (a) Nov 22 1942 (b) E. L. Mc Gowan M.D.  
(Date) (Registrar's signature)

23. Signature Kay Johnson (M.D. or other) 11/23/42

Address Jefferson 2nd Date signed 11/23/42

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**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 3454

David C. Gibson, Registered Apprentice No. 346,  
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. 9

**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.**