S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7672

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 466

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 9 (b) County 96
(c) City or town 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Ortman

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

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced 9 wkn
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 2 (Day) 1862 (Year)

8. AGE: Years 80 Months 10 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Manberling
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Manchester Nursing Home
(b) Address Pine Crest Home

17. (a) (Burial, cremation, or removal) (b) Date thereof 2-12-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, O.

18. (a) Signature of funeral director W. Kutzer
(b) Address 3500 Rutgers St.

19 MAR 3 1943 (Date received local registrar) (b) C. G. McKinney, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th year 1943 hour 0 minute M.

21. I hereby certify that I attended the deceased from January 20th 1943, to February 11th 1943, that I last saw him alive on February 10th 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Arterio-Sclerosis

Major findings:
Of operations
Of autopsy 93 g

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

23. Signature R. W. Jansen (M. D. or other)
Address Manchester, Mo. Date signed 2/11/43

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.