

14394
 S. No. 2
 FORM-2-43
 5-17-39
 X35897

FILED JUN 30 1943 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
 In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis Mo. (b) County 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1808a Elliott Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Harry Nelson Orr
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 18,
 year 1943 hour 10:45 minute _____ A. M.
 21. I hereby certify that I attended the deceased from June
16, 1943 to June 18, 1943
 that I last saw him alive on June 18, 1943
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Florence Orr 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased May 10 1887
(Month) (Day) (Year)

Immediate cause of death Protrudo-esophageal fistula?
 Duration _____

8. AGE: Years 56 Months 1 Days 8 If less than one day _____ hr. _____ min.

Due to Carcinoma of Esophagus - 10 yrs?
 Due to _____

9. Birthplace Dubuque, Iowa (City, town, or county) (State or foreign country) 1
 10. Usual occupation Car Mechanic

Other conditions (Include pregnancy within 3 months of death) H/O

11. Industry or business N. Y. Central R. R.
 12. Name Chas. Orr
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
 14. Maiden name Bertha Rittenhouse
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy Refused -
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Florence Orr
 (b) Address 1808a Elliott, Ave.
 17. (a) Burial (b) Date thereof 6-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Zions Cemetery
 18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) JUN 20 1943 (b) J. F. Bradea
(Data received local registrar) (Registrar's signature)

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) (Means of injury)
 23. Signature J. F. Bradea (M. D. or other) _____
 Address 1515 Lafayette Avenue, Date signed 6/18/43

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

MOTHER FATHER

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.....

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address *2223 St Louis St*

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.