

Mo. Snyd 3256

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2266

FILED OCT 9 1943 17  
Registration District No. 1948/17

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County ST. LOUIS  
(b) City or town OVERLAND  
(c) Name of hospital or institution:  
9520 Milton Ave  
(d) Length of stay: In hospital or institution 1  
In this community 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(d) Street No. 9520 Milton Ave  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Orland Mahor  
(b) If veteran, name war no  
(c) Social Security No. X477-07-5811

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 5  
year 1943 hour 3:01 minute P.M.  
21. I hereby certify that I attended the deceased from Oct 4  
1943 to Oct 5 1943  
that I last saw him alive on Oct 5th  
and that death occurred on the date and hour stated above  
Immediate cause of death Uremic Poisoning

4. Sex m<sup>o</sup>  
5. Color or race W  
6. (a) Single, widowed, married, divorced m  
(b) Name of husband or wife Annie  
7. Birth date of deceased: nov. 16 1891

Duration?  
Due to Enlarged Prostate  
Due to Infirmities of Old Age

8. AGE: Years 71 Months 10 Days 19  
9. Birthplace Chicago Ill. 1

Other conditions:  
Major findings: Of operations 137a  
Of autopsy \_\_\_\_\_

10. Usual occupation Sign Painter  
11. Industry or business ST. L. Car Co.  
12. Name Jos. Mahor  
13. Birthplace unknown  
14. Maiden name unknown  
15. Birthplace unknown

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

16. (a) Informant Kenneth Mahor  
(b) Address 9520 Milton  
17. (a) Cremation: (b) Date thereof 10-7-43  
(c) Place: burial or cremation Valhalla Crem.  
18. (a) Signature of funeral director Baumann Bros.  
(b) Address 2504 Woodson Overland  
19. (a) 10-8-43 (b) Registrar's signature

Physician  
Underline the cause to which death should be charged statistically.  
Signature of Physician Snyder  
Date signed Oct 13 1943

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

MOTHER FATHER

70-1

NOV 5 1951

SEP 2 1951

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo

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.