

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **9083**

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:
Firmin Desloge Hospital
(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:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **925**
 (d) Street No. ~~19th & Olive Street.~~
210 N. 17th Street
(If not in city or town limits, write location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

3. (a) PRINT FULL NAME **MORTIMER, EDGAR**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **130-10-4805**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 7 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **News Butcher**

11. Industry or business **Union News**

12. Name **Paul Mortimer**

13. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Tobin**

15. Birthplace **New Orleans Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Mortimer**

(b) Address **1516 Arabella Street.**

17. (a) **Removal** (b) Date thereof **10/10/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Orleans, Louisiana**

18. (a) Signature of funeral director **Albert H. Hoppe, Inc**
 (b) Address **4700 Washington Blvd.,**

19. (a) **OCT 13 1943** (b) **J. F. Bruck**
(Date received from certificate) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **10** day **8**
 year **1943** hour **10** minute **45** A. M.

21. I hereby certify that I attended the deceased from **5-10-43**
 _____, 19____, to **10-8-43**, 19____;
 that I last saw her alive on **10-8-43**, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cornary Occlusion
Arterio-sclerotic Heart Disease

Due to _____
 Due to _____

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

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 **0**
 23. Signature **G. O. Brown** (M. D. or other) **M.D.**
 Address **1325 S. Grand** Date signed _____

Duration **1 Day**
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

8006

8006

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 Gowinski
3398

_____, 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.