

S. No. 2  
DM-5143  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8355  
Registrar's No. 539

FILED MAR 6 1944  
Registration District No. 3944

Primary Registration District No. 6076

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 Orville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Highway "C" /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 78 years  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis  
 (c) City or town Rural, Chesterfield, Mo. R. #1  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Highway "C"  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country 0

**3. (a) PRINT FULL NAME** Martina Lorena Orr,  
 3. (b) If veteran, name war none  
 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 29  
 year 1944, hour 2 minute 0 A.M.

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife Walter Orr,  
 6. (c) Age of husband or wife if alive 13 years  
 7. Birth date of deceased: May, 13, 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1 1944 to 2-29 1944  
 that I last saw him alive on 2-27 1944  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>78</u>	<u>9</u>	<u>16</u>	hr. <u>   </u> min. <u>   </u>

Immediate cause of death: Coronary thrombosis  
 Due to      
 Due to    

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

Other conditions: Myelonephritis  
(Include pregnancy within 6 months of death)  
 Duration 8 weeks

10. Usual occupation Housewife,  
 11. Industry or business Own home,

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

**MOTHER FATHER**

12. Name Robert Estherton,  
 13. Birthplace Unknown unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Martina Ball,  
 15. Birthplace Unknown unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. E. Bacon  
 (b) Address Chesterfield, Mo. R #1.

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?    

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 44  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Antioch Cem. Monarch, Mo.

18. (a) Signature of funeral director      
 (b) Address Barthorn, Mo.  
 19. (a) MAR 2 - 1944 (Date received local registrar)  
 (b) E. G. McDevran, M.D. (Registrar's signature) 75

23. Signature     (M. D. or other)      
 Address     Date signed 3-1-44

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Theo Schrader*.....

Licensed Embalmer No. *3066*.....

P. O. Address *Bellwin, 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.**