

FILED SEP 27 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1974

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6720 Roberts Avenue
(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 St. Louis 96

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6720 Roberts Avenue.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Orr.

3. (b) If veteran, name war None

3. (c) Social Security No. 493-07-1379

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22nd.
year 1944 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from May 2
1938 to Sept 22 1944
that I last saw him alive on Sept 16 1944
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 Sarah Edith Orr.

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 3, 1877.
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Bladder Duration 6 years

8. AGE: Years Months Days If less than one day

67 2 19 _____ hr. _____ min.

9. Birthplace ? Ireland.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

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

10. Usual occupation Plasterer.

11. Industry or business _____

MOTHER FATHER { 12. Name George Orr. #

{ 13. Birthplace ? Ireland.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Catherine McCoy.

{ 15. Birthplace ? Ireland.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Sarah Edith Orr.

(b) Address 6720 Roberts Avenue.

17. (a) Burial (b) Date thereof 9/25/1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 9-25-44 (b) J. M. Larson
(Date 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)

(c) Means of injury _____

23. Signature Joseph E Glenn (M. D. or other)
Address 1958 Arcade Bldg Date signed Sept 23/44

1600
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
XO
/27/44

Dr. J. Glenn.
Arcade Building.
Hours 10 to 1 P.M.
Chestnut 7040

SEP 11 1944

SEP 28 1944

OCT 9 1944

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 Ben Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis, 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.