

FILED FEB 13 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3070

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

1074

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:  
224-S GRAY AVE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 4 MONTHS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. 224-S-GRAY AVE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM ORR

3. (b) If veteran, name war NO

3. (c) Social Security No. 182-03-0282

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife MARTHA ORR

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MARCH-7-1876  
(Month) (Day) (Year)

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

68 10 22 — hr. — min.

9. Birthplace PHILADELPHIA PENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business RETIRED

MOTHER FATHER

12. Name JAMES ORR

13. Birthplace PHILADELPHIA PENN.  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH CONWELL

15. Birthplace PHILADELPHIA PENN.  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Orr

(b) Address 224 S Gray Webster Groves Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-31-1945  
(Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker Ind. Co.

(b) Address WEBSTER GROVES MO.

19. (a) FEB 1 1945 (Date received local registrar)

(b) E. J. McShannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1945 hour 12 minute 07 A.M.

21. I hereby certify that I attended the deceased from December 15, 1944 to Jan 29, 1945  
that I last saw him alive on January 29, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Ischemic Heart Disease

Due to Carcinoma of sigmoid with metastasis

Due to Metastasis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of sigmoid with metastasis

Of operations \_\_\_\_\_

Of autopsy Not

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)

(e) Means of injury \_\_\_\_\_

Signature Edw. A. Allister (M. D. or other) MD

Address 209 E. Big Bend - Webster Groves Date signed 1-29-45

96  
7  
4

Duration  
3 hr.

MO S

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Leslie Welch, Registered Apprentice No. 362 working under my personal supervision.

Signed L. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Orbster Homes M

**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.**