

**FILED MAR 28 1945**

Registration District No. **1818**

Primary Registration District No. **1003**

Registrar's No. **2464**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Enroute to City Hospital ?  
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME: LOUIS A. ORPHAN

3. (b) If veteran, name war World War I 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Della Orphan 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 4 ? 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>?</u>	<u>?</u>	hr. _____ min.

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

10. Usual occupation Ret'd Police Officer

11. Industry or business: St. Louis

12. Name Andrew Orphan

13. Birthplace Unknown Greece  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Ginés

15. Birthplace Unknown Greece  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Orphan

(b) Address 5072 Delmar Blvd.

17. (a) Burial (b) Date thereof 3 - 19 - 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander + Sons

(b) Address 6175 Delmar Boulevard

19. (a) MAR 16 1945 (b) J. Brebeck  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5072 Delmar Boulevard  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 15  
year 1945 hour \_\_\_\_\_ minute 400 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Coronary Occlusion

Due to Coronary Sclerosis

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)

(4) Means of injury \_\_\_\_\_

23. Signature John E. Dugler (M.D. or other)

Address Ref. W. Date signed \_\_\_\_\_

Duration

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

Signed..... *Thomas R. Fenwick*  
Licensed Embalmer No. *3793*  
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.**