S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11632

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3433

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Mo Baptist Hosp 0
(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 Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1207 Kraft Ave 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine Orner

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased April (Month) 21 (Day) 1889 (Year)

8. AGE: Years 85 Months 11 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER

12. Name Edward Flood

13. Birthplace Ireland (City, town, or country) 11 (State or foreign country)

14. Maiden name Theresa Beyer

15. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Edward Orner

(b) Address 1207 Kraft Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 18 45 (Month) (Day) (Year)

(c) Place: burial or cremation Old St Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) APR 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1945 hour 9 PM minute M.

21. I hereby certify that I attended the deceased from Aug. 11 1944 to Apr. 15 1945 that I last saw her alive on Apr. 15 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Acute Myocarditis

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature O. E. Williamson (M. D. or other)

Address 6336 Clayton Road Date signed 4/17/45

(Licensed Embalmer's Statement on Reverse Side)

Dr O E Williamson

3A3

3A3

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.