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FILED SEP 14 1945
318

State File No. _____
Registrar's No. 7925

Registration District No. _____ Primary Registration District No. _____

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:
3608a Bates St., /
(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)

3. (a) PRINT FULL NAME Elizabeth Mortimer,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female! 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Benjamin, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 20, 1870
(Month) (Day) (Year)

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

74	10	18	hr. min.
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9. Birthplace St. Louis, Missouri, /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER-FATHER { 12. Name Frank Ortmann,

13. Birthplace Don't Know, 9
(City, town, or county) (State or foreign country)

14. Maiden name Anna Huelsmann,

15. Birthplace Don't Know, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bernard A. Steck, Jr.,

(b) Address 3608a Bates St.,

17. (a) Burial, (b) Date thereof 8/11/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.

19. (a) SEP 10 1945 (b) J. F. Greddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000

(c) City or town St. Louis, 17 /
(If outside city or town limits, write "RURAL")

(d) Street No. 3608a Bates St., 9 /
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th
year 1945 hour 5: minute 10 P. M.

21. I hereby certify that I attended the deceased from Sept. 1st 1945, to Sept. 8th 1945;
that I last saw her alive on Sept. 8th 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder in situ

Duration _____

Due to Chronic Nephritis

Due to _____

Other conditions 52
(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? _____ (c) Means of injury _____

23. Signature Walter Amey (M. D. or other) _____
Address 4602 Virginia Ave Date signed 9/10/45

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

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.....

Warren A. Carter

Licensed Embalmer No.....

3534

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

J. J. Serv
State File No. _____
Registrar's No. *7925*

Registration District No. *318*

Primary Registration District No. *1003*

1. PLACE OF DEATH:

(a) County *St. Louis, Mo*
(b) City or town *St. Louis, Mo*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3608a Bates
(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 *Mo* (b) County _____
(c) City or town *St. Louis*
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME *Elizabeth Martinez*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH, Month *9* day *8*
year *1945* hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased *Oct 20, 1971*
(Month) (Day) (Year)

Immediate cause of death _____

8. AGE: Years *73* Months *10* Days *18* If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace (City, town, or county) _____ (State or foreign country)
14. Maiden name _____ (State or foreign country)
15. Birthplace (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) *9-21-45* (b) *J. F. Bredek*
(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?
_____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other)
Address _____ Date signed _____

SUPPLEMENTAL

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

MOTHER FATHER

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

259.67