

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED APR 24 1946
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13978
17
9

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:
Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby **102**

(c) City or town Clarence
(If outside city or town limits, write "RURAL") **KR's**

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Owen Carl Orr

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: September 23 1914
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 46 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from March 8, 1946, to April 17th, 1946; that I last saw him alive on April 17, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Duration _____

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>31</u> | <u>6</u> | <u>24</u> | _____ hr. _____ min. |

9. Birthplace: Shelby County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

Due to Chromophobe adenoma of pituitary gland, recurrent **Malignant**

Due to _____

Other conditions Cerebral spinal fistula due to erosion of sella, opening into ethmoid sinus

11. Industry or business _____

MOTHER FATHER

12. Name Owen C. Orr

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

14. Maiden name Eula Carver

15. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Orr

(b) Address Vandalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 17 1946 (Date received local registrar) (b) J. F. Breeseck (Registrar's signature)

Major findings:
Of operations _____

Of autopsy As above

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 _____

23. Signature JR Madley (M. D. or other) _____
Address Barnes Hospital Date signed 4/17/46

MAY 27 1947
AUG 28 1947

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

John Agnoscchi
.....
Licensed Embalmer No. *3398*
.....

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.