

FILED MAY 31 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **18771**
4637
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

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:
Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 years** (Specify whether years, months or days)
In this community **5 years**

3. (a) PRINT FULL NAME **Jenne Orthwein**

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

4. Sex **Female** 5. Color **White** 6. Marital status **Married**
7. Birth date of deceased **June 9 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **11** Days **15** If less than one day hr. min.

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

10. Usual occupation **House Wife** **At Home**

11. Industry or business **Edwen Glaes**

12. Name **Edwen Glaes**
13. Birthplace **Belgium** (City, town, or county) (State or foreign country)

14. Maiden name **Theresa Gillet**
15. Birthplace **Belgium** (City, town, or county) (State or foreign country)

16. (a) Informant **Hermann Orthwein**

(b) Address **2612 Telegraph Rd**

17. (a) **Int Blue Bur** (Burial, cremation, or removal) (City or town) (County) (State) (Date) (Month) (Day) (Year) **6/24/46**

(c) Place: burial or cremation **Fendler Und Co**
2420 Michigan ave

18. (a) Signature of funeral director **J. Bredeek**

(b) Address **MAY 23 1946**
19. (a) (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **St Louis**
(c) City or town **LeMay**
2612 Telegraph Rd
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21**
year **1946** hour **5 30** minute **A** M.

21. I hereby certify that I attended the deceased from **May 8** 19**46**, to **May 21** 19**46**
that I last saw him alive on **May 20** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolus** Duration **15 min**

Due to **Myocarditis, Chn** **Arteriosclerosis** Indef

Due to **Primary in Colon** **Carcinoma of sigmoid colon** 145
Other conditions **Carcinoma of liver**
(Include pregnancy within 3 months of death)

Major findings: **Intestinal obstruction** **Cecostomy 5/16/46** **Coronary embolus**
Of operations **Myocarditis, Cx of sigmoid, liver**
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 _____
23. Signature **John S. Sheppers** (M. D. or other) _____
Address **4500 Olive** Date signed **5/21/46**

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.....

Licensed Embalmer No.....

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.