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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. 22070  
Registrar's No. 5074

**FILED JUN 26 1946**  
Registration District No. 318

Primary Registration District No. 1003

20939  
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:  
5363 Watermann  
(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** Louise Elizabeth Ortleb

3. (b) If veteran, name war None

3. (c) Social Security No. -

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Nov 27 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>6</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Calhoun County Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housemaid

11. Industry or business George Hitchcock

MOTHER, FATHER {

12. Name John Ortleb

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

14. Maiden name Caroline Funkstein

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

16. (a) Informant Mr. George Ortleb

(b) Address 5363 Watermann

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 6/21/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Proctor and Co.

(b) Address 3710 N. Grand Blvd.

19. (a) JUN 20 1946  
(Date received local registrar)

J. F. Brodeur  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

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

(d) Street No. 5363 Watermann  
(If rural, give location)

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

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 18  
year 1946 hour 9:57 minute 00 A.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.

Immediate cause of death Fracture of Skull;  
Subdural Hemorrhage of Brain;  
suffered when deceased jumped from  
Due to her bedroom window and landed on  
concrete floor of corridor leading  
Due to to the basement at 5363 Waterman  
Ave., on June 18th, 1946, exact time

Other conditions unknown.  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations 164

Of autopsy \_\_\_\_\_

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) Suicide

(b) Date of occurrence June 18th, 1946

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
About home

While at work? \_\_\_\_\_

(Specify type of place) (c) Means of injury 3

23. Signature Patrick E Taylor (M.D. or other)

Deputy Coroner Date signed 6-21-46

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**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..... *V. E. Morris* .....

Licensed Embalmer No..... *3360* .....

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.**