

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42804
Registrar's No. 10937

FILED DEC 23 1948
Registration District No. 318

Primary Registration District No. 1003

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

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 3 days (Specify whether
 In this community Life time (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Richard Walter Orthwein
 3. (b) If veteran, name war None
 3. (c) Social Security No. 333-03-7247

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Ethel C. Orthwein,
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased January 2, 1901
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>11</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Sales Mgr. Granite City,
Steel Company,
 11. Industry or business _____

MOTHER FATHER
 12. Name Fred C. Orthwein,
 13. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Jeanette F. Orthwein,
 15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred C. Orthwein, Jr.
 (b) Address 48 Portland Place,
 17. (a) burial (b) Date thereof 12/21/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary
 (b) Address 4161 Lindell Blvd.
 19. (a) DEC 20 1948 (b) J. F. Bueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 484 Lake Ave.,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th
 year 1946 hour 2 minute 40 A.M.
 21. I hereby certify that I attended the deceased from December
18th 1946 to December 20 1946
 that I last saw him alive on December 20 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial Infarction Duration _____

Due to Coronary Artery Thrombosis
 Due to Coronary Arteriosclerosis

Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy Confirm the above.
Bilateral Adrenal Tumors not classified

22. If death was due to external causes, fill in the following: Unqualified
 (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 F.R. Bradley (M. D. or other)
 Address Barnes Hospital Date signed 12-20-46

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 *Neville R. Probert*
Licensed Embalmer No. 3686
P. O. Address 416 Lindell

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.