

No. 2
-12-45
5-17-39
I X47070

FILED MAR 24 1947
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State File No. _____
Registrar's No. 2567

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street name 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 Missouri (b) County _____

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

(d) Street No. 2117a Bremen Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Infant Dell'Orco

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 _____

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

7. Birth date of deceased March 9th. 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	I	hr. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10th.
year 1947 hour 9.20 minute _____ P.M.

21. I hereby certify that I attended the deceased from birth
March 9, 1947, to March 10, 1947;
that I last saw h. ex. alive on March 10, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Congenital heart disease
Chondrodystrophia fetalis
Hydrocephalus

Duration Life
"
"

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Charles B. Dell'Orco

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Lachler

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles B. Dell'Orco

(b) Address 2117a Bremen Ave.

17. (a) Burial (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Sullivan Funeral Dir

18. (a) Signature of funeral director 2849 North Euclid Ave.

(b) Address 11 1947

19. (a) _____ (b) J. F. Brunick
(Date received local registrar) (Registrar's signature)

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 157
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph H. Diehl (M. D. or other) _____
Address 634 N. Grand Date signed 3-11-47

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

MOTHER FATHER

Dr. J. M. Koebig
634 No. Grand St. 7070

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 Robert L. Brinkman
Licensed Embalmer No. 3553

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.