

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

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
(Specify whether
In this community
years, months or days)

3: (a) PRINT FULL NAME **Peter C. Ortal**

3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Maggie** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **May 15 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	2	18	hr. min.

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

10. Usual occupation **Core Maker**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Maggie Ortal**

(b) Address **3519 Newstead Ave**

17. (a) **Burial** (b) Date thereof **8-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son, Inc.**

(b) Address **2161 E. Fair Ave**

19. (a) **AUG 5 - 1948** (b) **J.F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000 17**
(c) City or town **St. Louis** **9**
(If outside city or town limits, write "RURAL")
(d) Street No. **3519 Newstead Ave** **10**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2**
year **1948** hour **9** minute **55** P.M.

21. I hereby certify that I attended the deceased from **3-2-48**
19 to **Aug 2 1948**

that I last saw him alive on **Aug 2 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death

1. **Gangrene left leg** Duration **10 days**
Carcinoma greater curvature of stomach **3 mos**
Pneumonia **4 days**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **H**

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 **W.C. Smith** (M. D. or other)

Address **2735 No. Grand** Date signed **8-2-48**

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 *Walter Y. Cumber*
Licensed Embalmer No. 4298
P. O. Address *St. Louis, Mo*

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.