

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16982

State File No.

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Dardenne		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Dardenne, township	
c. LENGTH OF STAY (in this place) 4 weeks			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boonlick Road		d. STREET ADDRESS (If rural, give location) Boonlick Road	
3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) _____ c. (Last) Orth			4. DATE OF DEATH (Month) (Day) (Year) May 23 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 30 1875
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) St. Louis Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Orth		13b. MOTHER'S MAIDEN NAME Anna Maria Aufenfelde	14. NAME OF HUSBAND OR WIFE Katherine Hagemann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If Yes, give year or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ottomar Orth, Ballwin Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of pancreas		INTERVAL BETWEEN ONSET AND DEATH 2 mo.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Paget's disease	
II. OTHER SIGNIFICANT CONDITIONS		157X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>3/21</u> , 19 <u>49</u> , to <u>5/23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>49</u> , and that death occurred at <u>3:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE J. D. Stoelzle (Degree or title) M.D.		23b. ADDRESS 104 W. Adams Ave., Kirkwood	
23c. DATE SIGNED 5/23/49			
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE May 25, 1949	
24c. NAME OF CEMETERY OR CREMATORY St. Paul Ev. Luth.		24d. LOCATION (City, town, or county) (State) Des. Peres Mo.	
DATE REC'D BY LOCAL REG. May 24 49		REGISTRAR'S SIGNATURE G. A. Kethley 280	
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home		ADDRESS Ballwin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

2002

Date Filed JUN 2, 1949
District File Number
District Health Officer No. 9

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Theo. Schrader

Signed _____
Student Embalmer

Licensed Embalmer No. *3066*

P. O. Address *Baltimore, 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.