

FILED APR 20 1950
110337

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

14746
State File No. 3353
Registrator's No. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrator's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 5082a Page Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.				12. CITIZEN OF WHAT COUNTRY?			
3. NAME OF DECEASED (Type or Print) a. (First) LON			b. (Middle) LORELLA			c. (Last) LORELLA	
4. DATE OF DEATH (Month) (Day) (Year) April 10th, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH May 2, 1896		9. AGE (In years) (Months) (Days) (Hours) (Min.) 53		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY Maps for Gov.	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.		13a. FATHER'S NAME Philip Lorella		13b. MOTHER'S MAIDEN NAME Marie Lucca		14. NAME OF HUSBAND OR WIFE Late Mary Walgren	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-05-3564		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Warren Lorella, 5082a Page Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Generalized peritonitis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Perforated Duodenal Ulcer</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hrs 30 hrs	
19a. DATE OF OPERATION 4/10/50		19b. MAJOR FINDINGS OF OPERATION <i>Perforated Duodenal ulcer</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>5741</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>4/9/50</u> , 19 <u>50</u> , to <u>4/10/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4/10/50</u> , 19 <u>50</u> , and that death occurred at <u>2:20pm</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Caine C. G. M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 4/10/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-13-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 11 1950		REGISTRAR'S SIGNATURE <i>J. B. Frazier</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cullinane Bros. 3320 N. Kingshighway			

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fred Frick

Signed.....
Student Embalmer

Licensed Embalmer No..... 3186

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.