S. No. 300
v. 10.48

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28526

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7310

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: St. Louis,

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 5, 4346

d. STREET ADDRESS (If rural, give location): 7016 Waterman Avenue,

3. NAME OF DECEASED (Type or Print)
a. (First): CELSUS b. (Middle): c. (Last): OREAR.

4. DATE OF DEATH (Month) (Day) (Year): August 27, 1950.

5. SEX: Male. 0

6. COLOR OR RACE: White.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed. 2

8. DATE OF BIRTH: April 6, 1867. 1

9. AGE (In years last birthday): 83. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary - Blackwell

10b. KIND OF BUSINESS OR INDUSTRY: Wielandy Co.,

11. BIRTHPLACE (State or foreign country): 9

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Ida Noble Orear, Dec'd.,

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.: 491-16-8881.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Montague Lyon III. 7016 Waterman Ave.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage (Right side of Brain) — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 331 X

22. *I hereby certify that I attended the deceased from* Aug 27, 1941, *to* Aug. 27, 1950, *that I last saw the deceased alive on* Aug. 27, 1950, *and that death occurred at* 10. p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hiram L. Liggett MD. 0

23b. ADDRESS: 3720 Washington Blvd - 8th

23c. DATE SIGNED: 8/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial.. 11

24b. DATE: 8/30/ 50.

24c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery.

24d. LOCATION (City, town, or county) (State): 7600 St. Charles Roak Road.

DATE REC'D BY LOCAL REG.: AUG 28 1950

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C.R.Lupton & Sons, 7233 Delmar Blv'd.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Hiram Liggett.
3720 Washington Blv'd.,
1:30 - 5:00 PM
(City)

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 Clarence H. Murray

Signed .....
Student Embalmer

Licensed Embalmer No. 4011

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.