

STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1951

State File No. 155  
Registrar's No. 1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place) 10  
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Baptiste Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution; residence before admission).  
a. STATE Missouri  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
d. STREET ADDRESS 322 Walnut St. (If rural, give location)

**3. NAME OF DECEASED**  
a. (First) Vincent b. (Middle) Joseph c. (Last) Ortell

**4. DATE OF DEATH** (Month) (Day) (Year)  
Jan. 6. 1951

**5. SEX** Male **6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
Widow

**8. DATE OF BIRTH** Jan. 1. 1892

**9. AGE** (In years last birthday) 59 **10. MONTHS** 0 **11. DAYS** 5

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
Stowman

**10b. KIND OF BUSINESS OR INDUSTRY**  
M. K. & T. R. R.

**11. BIRTHPLACE** (State or foreign country) St. Louis, Missouri

**12. CITIZEN OF WHAT COUNTRY?** \_\_\_\_\_

**13a. FATHER'S NAME** Frank Ortell **13b. MOTHER'S MAIDEN NAME** Marie Mario **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) yes (If yes, give war or dates of service) World War One

**16. SOCIAL SECURITY** 488-05-1089

**17. INFORMANT'S SIGNATURE OR NAME** Mrs Estelle Parson **ADDRESS** 8518 N. B. Way.

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

**MEDICAL CERTIFICATION**

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Cerebral ischemia-embolus

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Mossing bleeding from Duodenal ulcer

DUE TO (c) \_\_\_\_\_

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

**INTERVAL BETWEEN ONSET AND DEATH**  
3 days  
3 weeks

**19a. DATE OF OPERATION** Jan 4 1951 **19b. MAJOR FINDINGS OF OPERATION** Bleeding duodenal ulcer

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** 5740

**22. I hereby certify that I attended the deceased from** Dec 26 1950, to Jan 6 1951, that I last saw the deceased alive on Jan 5 1951, and that death occurred at 7 A m., from the causes and on the date stated above.

**23a. SIGNATURE** D. J. Verda (Degree or title) **23b. ADDRESS** M. 2024 500 Olive **23c. DATE SIGNED** 1-8-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial **24b. DATE** Jan. 9. 1951 **24c. NAME OF CEMETERY OR CREMATORY** National Cemetery **24d. LOCATION** (City, town, or county) (State) St. Louis. Co. Missouri

**DATE REC'D BY LOCAL REG.** JAN 8 1951 **REGISTRAR'S SIGNATURE** J. B. Parson **25. FUNERAL DIRECTOR'S SIGNATURE** Conuel Nichols **ADDRESS** 1431 Union Blvd.

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

70-11-76

DEC 10 1951

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 Me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Edmond H. Penick

Licensed Embalmer No. 4283

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.