

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10904

FILED APR 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 856

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> <u>4442</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>126 Linden Avenue</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>residence-126 Linden Avenue</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CARRIE</u> b. (Middle) <u>BEATTIE</u> c. (Last) <u>VAN ORNUM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 1 51</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 17, 1864</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Middletown, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John James Scott</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Wood</u>		14. NAME OF HUSBAND OR WIFE <u>Kohn Lane Van Ornum</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thurwood Van Ornum, 126 Linden Ave., Clayton</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>			?
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensio Cardio Vas. Di</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Broncho Pneumonia</u>			<u>2 days</u>	

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) <u>Clayton Missouri</u>
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 Feb 6, 1951, 10<sup>51</sup> days, 1951, that I last saw the deceased alive on Mar 31, 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Kleinschmidt M.D.</u>	23b. ADDRESS <u>508 N. Grand Ave</u>	23c. DATE SIGNED <u>4-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>

DATE REC'D BY LOCAL REG. <u>4/2/51</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Lomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons-7233 Delmar Blv'd., University City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JUN 27 1951

Dr. C. Kleinschmidt  
508 North Grand Biv'd.,  
NE-9218  
Hrs 2-4 P.M.

APR 12 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.