

STANDARD CERTIFICATE OF DEATH

State File No. **21610**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **138**

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 St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles	
c. LENGTH OF STAY (in this place) 2-yrs.		d. STREET ADDRESS (If rural, give location) 1607 North Second Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home			

3. NAME OF DECEASED (Type or Print) Godfrey		a. (First) Godfrey		b. (Middle) --		c. (Last) Orf		4. DATE OF DEATH (Month) (Day) (Year) July 8 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 2, 1952		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 3 Days 20		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm			11. BIRTHPLACE (State or foreign country) Josephville, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Joseph A. Orf		13b. MOTHER'S MAIDEN NAME Christina Mueller		14. NAME OF HUSBAND OR WIFE deceased Sophia Orf (Schaeffer)	
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. Nil		17. INFORMANT'S SIGNATURE OR NAME Bernard Orf, St. Charles, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis		20 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Resolving lobar pneumonia		2 wks.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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)		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 **3-21-1952**, to **7-8-1952**, that I last saw the deceased alive on **7-8-1952**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Ed. Lawrence</i>		(Degree or title)		23b. ADDRESS 114 N. Main St., St. Charles, Mo.		23c. DATE SIGNED 7-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 11, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	

DATE REC'D BY LOCAL REG. 7-9-52		REGISTRAR'S SIGNATURE <i>James Hamilton</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>H.C. Dallmeyer & Sons</i>		ADDRESS St. Charles, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

927

JUL 14 1952

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 Herbert C. Dillmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.