

STANDARD CERTIFICATE OF DEATH

FILED JUL 24 1952

S. No. 300
V. 10-48

State File No. 5808
Registrar's No. 5808

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 4495	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8039 Park Drive	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) HERMAN	b. (Middle) C.	c. (Last) ORCHARD	4. DATE OF DEATH (Month) (Day) (Year) 6/21/52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23rd 1891	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 10	IF UNDER 12 HOURS Days 28	IF UNDER 15 MIN. Hours 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President		10b. KIND OF BUSINESS OR INDUSTRY Orchard Paper Co. St. Louis, Mo.		11. BIRTHPLACE (City and State or Foreign Country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Leopold Orchard	13b. MOTHER'S MAIDEN NAME Tessie Greenberg	14. NAME OF HUSBAND OR WIFE Ethel Orchard
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Orchard	ADDRESS 8039 Park Ave
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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, ashenia, 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) VENTRICULAR FIBRILLATION		5 SEC
	ANTECEDENT CAUSES DUE TO (b) ANGINA PECTORIS <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		3 YRS
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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? 4202

22. I hereby certify that I attended the deceased from **JUNE 15, 1952**, to **JUNE 21, 1952**, that I last saw the deceased alive on **JUNE 21, 1952** and that death occurred at **9:15A m.**, from the causes and on the date stated above.

23a. SIGNATURE FR. Bralle	(Degree or title) M.D. O	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 6/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6/23/52	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 23 1952	25. FUNERAL DIRECTOR'S SIGNATURE W. H. ...	ADDRESS 526 ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

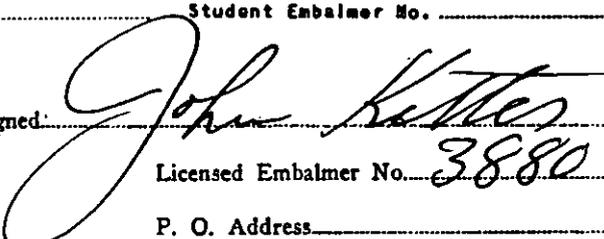
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed: 

Licensed Embalmer No. 3880

P. O. Address

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.