

STANDARD CERTIFICATE OF DEATH

7825

FILED FEB 26 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1620

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANITE CITY 8120</b>	
c. LENGTH OF STAY (in this place) <b>4 MONTHS</b>		d. STREET ADDRESS (If rural, give location) <b>1817 GRAND AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JEWISH</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CODA</b> b. (Middle) <b>EVA</b> c. (Last) <b>ORR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 10 1953</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>SEPT 4 1891</b>		9. AGE (In years last birthday) <b>61</b>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (State or foreign country) <b>CRAWFORD COUNTY IND.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ANDREW J. WOOD</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH GOODSON</b>	
14. NAME OF HUSBAND OR WIFE <b>FRED ORR</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Fred Orr</b>		ADDRESS <b>1817 GRAND AVE</b>			

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, asthma, 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) <b>CARCINOMA OF TONGUE</b>		ANTECEDENT CAUSES <b>with METASTASES TO NECK</b>				<b>17 month</b>	
DUE TO (b) _____		DUE TO (c) _____				<b>16 months</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Secondary hemorrhage from metastatic carcinoma to right left neck</b>				<b>2 days</b>	
19a. DATE OF OPERATION <b>July 21 1952</b>		19b. MAJOR FINDINGS OF OPERATION <b>Left neck dissection, found carcinoma, metastatic</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>141X</b>			

22. I hereby certify that I attended the deceased from **2 Oct 1951**, to **10 Feb 1953**, that I last saw the deceased alive on **10 Feb 1953**, and that death occurred at **9:05p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>E. Lawrence Keyes MD</b>		23b. ADDRESS <b>4952 Maryland Ave St Louis 8</b>		23c. DATE SIGNED <b>Feb 11 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-13-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT CARMEL</b>	
24d. LOCATION (City, town, or county) (State) <b>MOUNT CARMEL ILLINOIS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leonard Davis</b>		ADDRESS <b>Granite City Ill.</b>	

DATE REC'D BY LOCAL REG. <b>FEB 11 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Leonard Davis</b>		ADDRESS <b>Granite City Ill.</b>	
---	--	--	--	---	--	----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

**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.

Signed

*Leonard Davis*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 8375

P. O. Address Granite City Illinois

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.