

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11074

State File No. ....

FILED MAR 23 1953

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>74</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>St. Charles</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>130 Gamba St.</u>					
3. NAME OF DECEASED a. (First) <u>ANNA</u> (Type or Print)			b. (Middle) <u>M</u>		c. (Last) <u>ORDELHEIDE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <u>Married</u>		8. DATE OF BIRTH <u>December 12, 1882</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>70 3 6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Schmidler</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Kimper</u>			14. NAME OF HUSBAND OR WIFE <u>Harry P. Ordeltelheide</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Harry P. Ordeltelheide, St. Charles, Mo.</u> ADDRESS _____				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right ovary with generalized metastasis,</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>175 X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
19a. DATE OF OPERATION <u>March 13, 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma right ovary with generalized metastasis</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>May 1935</u> , to <u>March 1953</u> , that I last saw the deceased alive on <u>March 11, 1953</u> , and that death occurred at <u>12:11 AM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>James A. Schermer</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>St. Charles, Mo.</u>			23c. DATE SIGNED <u>March 19, 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>March 19 1953</u>		REGISTRAR'S SIGNATURE <u>James Hamilton</u>		284		5. FUNERAL DIRECTOR'S SIGNATURE <u>Hackman, Paul</u> ADDRESS <u>St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Clarence M. Bilbo*.....

Licensed Embalmer No. *4275*

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.