

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

RECEIVED OCT 15 1953

State File No. **33820**
Registrar's No. **8873**

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2127		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	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: BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 121 245 Union Blvd		
3. NAME OF DECEASED (Type or Print) a. (First) Tessie b. (Middle) nmn c. (Last) Orchard			4. DATE OF DEATH (Month) (Day) (Year) 9 11 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) abt-80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Morris Greenberg		13b. MOTHER'S MAIDEN NAME Bertha Stern		14. NAME OF HUSBAND OR WIFE Leopold Orchard
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Solney Strauss-7273 Cornubia Ave		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS DUE TO (c) ARTERIOSCLEROSIS, GENERALIZED II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIVERTICULOSIS OF COLON		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 3 DAYS
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) 420.1		
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?		
22. I hereby certify that I attended the deceased from 9 - 7, 19 53, to 9 - 11, 19 53 , that I last saw the deceased alive on 9 - 11, 19 53 , and that death occurred at 10 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John D. Davidson M. D.		23b. ADDRESS 600 S. Kings Highway		23c. DATE SIGNED 9/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-14-53	24c. NAME OF CEMETERY OR CREMATORY MT. SINAI CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.	
DATE REC'D BY LOCAL REG. SEP 14 1953	REGISTRAR'S SIGNATURE J. Earl Smith md.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN RINDSKOPF INC 5216 Delmar Blvd	

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 *John Ketter*.....
Licensed Embalmer No. *3880*
P. O. Address *St. Louis*.....

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.