

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16896

FILED MAY 18 1955

State File No.
Registrar's No.

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. CITY (If outside corporate limits, write RURAL and give township) SHREWSBURY MO | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. | | d. STREET ADDRESS (If rural, give location) 7321 NOTTINGHAM. AV. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) HELEN b. (Middle) ORTWEIN c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) APR. 23 1955 |
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| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH FEB 10 1903 | 9. AGE (In years last birthday) 52 | # UNDER 1 YEAR Months | # UNDER 1 MRS. Hours | # UNDER 1 MRS. Mins. |
|----------------------|-------------------------------|---|-------------------------------------|---|-----------------------|----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | 11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME JOSEPH BURGE | 13b. MOTHER'S MAIDEN NAME ENG. | 14. NAME OF HUSBAND OR WIFE ANTON ORTWEIN |
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| 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. NONE | 17. INFORMANT'S SIGNATURE OR NAME ANTON ORTWEIN | ADDRESS 7321 NOTTINGHAM AV. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis | | 4 mos. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis or Primary Brain and Sacral spine DUE TO (c) No Primary site found and Post Mortem Refused. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 1998 |
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22. I hereby certify that I attended the deceased from **2/26 1953**, to **4/23 1955**, that I last saw the deceased alive on **4/22 1955**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> | (Degree or Title) | 23b. ADDRESS 689 E Big Bend | 23c. DATE SIGNED APR 25 1955 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE APR. 26 1955 | 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO. |
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| DATE REC'D BY LOCAL REG. APR 25 1955 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | ADDRESS 831 E Big Bend |
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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 *Bill C. Branson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, 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.