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SL-11794 FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI 6514580

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

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, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN University City ST. LOUIS 4/26		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 Vet. Adm. Hospital			Length of stay in lb 11 days		27 STREET ADDRESS (If outside, give location) 6136 PAYNE AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle A. Last OREBAUGH			4. DATE OF DEATH Month 1- Day 18- Year 57				
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 3-28-84	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 2	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Aide		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) INDIANAPOLIS, INDIANA /		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WARREN OREBAUGH				14. MOTHER'S MAIDEN NAME MARY RUSKEY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. WW-I		17. INFORMANT 317 01 5056 VA HOSP. RECORDS, 915 N. GRAND, ST. LOUIS, MO.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Uremia							INTERVAL BETWEEN ONSET AND DEATH Unk. Yrs. ?
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from 1-7-57 to 1-18-57 and last saw him ^{her} alive on 1-18-57 Death occurred at 3:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Julian Buh				22b. ADDRESS 915 N. Grand M.D. VA Hosp. St. Louis, Mo.		22c. DATE SIGNED 1-18-57	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE 1/21/57	23c. NAME OF CEMETERY OR CREMATORY Saural Hill		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.		
24. FUNERAL DIRECTOR Frohwitter & Sons			ADDRESS Hick Ridge Missouri	25. DATE RECD. BY LOCAL REG. JAN 19 57		26. REGISTRAR'S SIGNATURE J. Earl Smith md	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Neville B. Frohwitter*

Licensed Embalmer No. *36*

P. O. Address *High Ridge*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.