

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1932

1. PLACE OF DEATH a. COUNTY St. Louis		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 Huntleigh Villiage		c. CITY OR TOWN Huntleigh Villiage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2701 S. Lindberg		d. STREET ADDRESS (If outside, give location) 2701 S. Lindberg	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb all		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Clara Busch Orthwein			4. DATE OF DEATH Aug. 3rd. 1957		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 30th. 1895		9. AGE (In years last birthday) 61

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) St. Louis Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME August A. Busch		13b. MOTHER'S MAIDEN NAME Alice Zisemann		14. NAME OF HUSBAND OR WIFE Percy J. Orthwein (Deceas	
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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 no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Adolph B. Orthwein #1 Squires Lane	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 12 hrs.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): _____ DUE TO (c): _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 4201					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 _____ a.m. _____ p.m. Month, Day, Year _____					

20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	
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21. I attended the deceased from **6-1-45** to **8-3-57** and last saw her alive on **8-3-57**
Death occurred at **2:30 p** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul E. Guttridge M.D.		22b. ADDRESS Kirkwood Mo.		22c. DATE SIGNED 8-3-57	
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8-5-1957		23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri	
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24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell Bl.		25. DATE RECD. BY LOCAL REG. 8/4/57		26. REGISTRAR'S SIGNATURE Herbert B. Donk MD	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION. All diseases in Part I must be causally related.

