

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

AMENDED

DATE REVISED

INSTEAD OF

ITEM NO. SHOULD READ

FILED APR 14 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>INDIANA</b> b. COUNTY <b>Vanderburgh</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		c. CITY OR TOWN <b>EVANSVILLE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET. ADM. HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>2732 W. FRANKLIN ST.</b>	

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle _____ Last <b>ORTH</b>			4. DATE OF DEATH Month <b>April</b> Day <b>2</b> Year <b>1961</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/23/93</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>EVANSVILLE, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>PETER ORTH</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE DENNHARDT</b>		14. NAME OF HUSBAND OR WIFE <b>VIOLET ORTH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-1</b>			17. INFORMANT <b>Evansville, Indiana Violet Orth, (Wife), 2732 W. Franklin St.,</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>		
DUE TO (b) <b>PULMONARY FIBROSIS</b>		
DUE TO (c) _____		<b>525x</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PONTINE HEMORRHAGE (POSTOPERATIVE)</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 COUNTY _____ STATE _____
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21. **VA** attended the deceased from **3/14/61** to **4-2-61** and last saw ~~her~~ him alive on **4-2-61**  
Death occurred at **4:55 pm** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Robert O. Sullivan M.D.</i>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>	22c. DATE SIGNED <b>4/3/61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>4-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Evansville, Ind.</b>
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24. FUNERAL DIRECTOR <b>Pierre Funeral Home, Evansville, Ind.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>APR 5 1961</b>	26. REGISTRAR'S SIGNATURE <i>Robert O. Sullivan M.D.</i>
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DOCUMENT BY AFFIDAVIT OF

**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: Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address S. D.

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.