

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=61-012064**

STATE FILE NUMBER

AMENDED

Registration District No. 347 Primary Registration District No. 541 Registrar's No. 541

FILED VS MAR 14 1961

DATE AMENDED  
4/4/61  
4/4/61

INSTEAD OF  
Divorced

DOCUMENT

BY AFFIDAVIT OF Informant

SHOULD READ  
Married  
Amelia Celis Orrego (de Orrego) Divorced

ITEM NO.  
7  
14

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>CLAYTON</b>		c. CITY OR TOWN <b>UNIVERSITY CITY</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL (D.O.A.)</b>		d. STREET ADDRESS (If outside, give location) <b>6914 MILLBROOK BLVD.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <b>FERNANDO S. ORREGO</b>			4. DATE OF DEATH Month Day Year <b>FEBRUARY 22, 1961</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2/13/1923</b>
9. AGE (last birthday) <b>38</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PROFESSOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WASHINGTON UNIVERSITY MEDICAL SCHOOL</b>	11. BIRTHPLACE (City and state or country) <b>CHILIE</b>
12. CITIZEN OF WHAT COUNTRY <b>CHILIE</b>		13. NAME OF HUSBAND OR WIFE <b>Amelia Celis Orrego (de ORREGO)</b>	
13a. FATHER'S NAME <b>FERNAND ORREGO</b>		13b. MOTHER'S MARDEN NAME <b>FLOMENA SALAS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>DOMINGO SANTA CRUZ, PITTSBURG, PA.</b>		4614 FIFTH AVENUE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory and vascular collapse due to fatal ethyl alcohol poisoning</b>			INTERVAL BETWEEN ONSET AND DEATH
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)			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
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.) <b>Self ingested</b>	
20c. TIME OF INJURY Hour <b>8:00</b> s.m. <b>subject found</b> Month, Day, Year <b>2/22/61</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>living-room of apt.</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>		COUNTY <b>Missouri</b> STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Raymond J. Harris</i>		22b. ADDRESS <b>Coroner Clayton, Mo.</b>	
22c. DATE SIGNED <b>3/3/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		23b. DATE <b>2/25/1961</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MISSOURI CREMATORY</b>		23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MISSOURI</b>	
24. FUNERAL DIRECTOR ADDRESS <b>HOFFMEISTER COLONIAL MORTUARY</b>		25. DATE RECD. BY LOCAL REG. <b>2-24-61</b>	
24. FUNERAL DIRECTOR ADDRESS <b>6464 CHIPPEWA STREET ST. LOUIS, MISSOURI</b>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>	

**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 *Lee 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.