SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-023560
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1639

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ST LOUIS
c. CITY OR TOWN Saint Ann Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3649 Long Dr. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Minnie Middle Christina Last Ort
4. DATE OF DEATH: Month June Day 10, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-18-1874
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (City and state or country): Collinsville, Ill.
12. CITIZEN OF WHAT COUNTRY: U SA
13a. FATHER'S NAME: Gottlieb Mittengwey
13b. MOTHER'S MAIDEN NAME: Wilhelmina Metz
14. NAME OF HUSBAND OR WIFE: Late Samuel P. Ort
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Herbert C. Ort, 3649 Long Dr., St. Anns, Mo.

MEDICAL CERTIFICATION

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)	Medulary failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Subdural haemotoma	6 days
DUE TO (c)	Blow to head when she fell	6 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Left ventricular failure

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell and struck head on kitchen chair
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year June 4 '61
kitchen of home 3649 Long Drive St. Ann Mo.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION: St. Ann COUNTY STATE Mo

21. I attended the deceased from 6/8/61, to 6-10-61 and last saw her alive on 6/9/61
Death occurred at 3:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul McRae (Degree or title) D.O.
22b. ADDRESS 4407 South Kingshighway
22c. DATE SIGNED 6/11/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-13-61
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Memorial Gardens
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: CALVIN F. FEUTZ, FUNERAL HOME, St. Louis, 15, Missouri.
ADDRESS: 4828 Natural Bridge Blvd.
25. DATE RECD. BY LOCAL REG.: 6-13-61
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | 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_____ Signed Robert E. Mahlem

Signature of Student Embalmer

Licensed Embalmer No. 4916

P. O. Address St. Louis, M

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.