

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

9265  
Do not use this space.

REC'D APR 11 1938

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1008**  
 (c) City St. Louis (d) Street No. 1626 Arlington Ave. St. **2854**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Orville Howard DeSha 200

(a) Residence, No. 1626 Arlington Ave. St. **6** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6th, 1922  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
15 4 19  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to March 25, 1938  
 I last saw him alive on March 25, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis of Rt Kidney (metastasis liver gastric & intestinal organs) Date of onset June 1936

Other contributory causes of importance: Acute myocarditis 3-15-38

Name of operation nephrectomy Date of 8-8-37  
 What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19.....  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. Fairbury M. D.  
 (Address) 3758 - Lafayette Ave.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Orville DeSha

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Bessie Stephenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Orville DeSha  
1626 Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Mar. 28th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Hermann Karal  
1905 Union Blvd.

20. FILED MAR 26 1938 J. P. Bredees Local Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF HEALTH SERVICES  
ST. LOUIS, MISSOURI 63101

3258  
9-12  
Kofopoulos

**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 \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Warren A. Carver

Licensed Embalmer No. 3534

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 this body is not embalmed, above space should be left blank.**