REC'D JUL 12 1938

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

20358
Do not use this space.

791
1008
5497

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City St. Louis (d) Street No. St. Anthonys Hosp. St.
(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 Charles O. Orlemann 645

(a) Residence, No. 3100 Wyoming St. 16
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lorraine nee Hauri

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6 1914

7. AGE: YEARS 24 | MONTHS 5 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Beer Bottler
9. Industry or business in which work was done, as saw mill, bank, etc.: Anheuser-Busch
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER
13. NAME: John Orlemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

MOTHER
15. MAIDEN NAME: Rose Stemmler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Lorraine Orlemann 3100 Wyoming St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE 6-20 1938

19. FUNERAL DIRECTOR (ADDRESS): Witt Bros. L & U. Co. 2929 S. Jefferson Av

20. FILED JUN 18 1938 19 J. F. Baedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14th 1938, to June 17th, 1938
I last saw him alive on June 17th, 1938 Death is said to have occurred on the date stated above, at 1:22 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	6-17-38
Other contributory causes of importance: Acute Appendicitis	6-16-38

Name of operation Appendectomy Date of 6-17-38
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Walter S. Grimsted, M. D.
(Address) 5005 A Grove Ave

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Edgar F. Witt, Licensed Embalmer No. 2117

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No. 2117

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.)