DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

791

State File No. 20886

Registration District No. 1003 JUL 12 1939

Primary Registration District No.

Registrar's No. 5730

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital No. 1. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 1 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3568 South Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Ortwerth

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased February (Month) 3, (Day) 1872 (Year)

8. AGE: Years 67 Months 4 Days 23 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Rudolph Koob
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Bruck
(b) Address 4033 Peck Str.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/28/39 (Month) (Day) (Year)
(c) Place: burial or cremation Brussels, Illinois

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa Street

19. (a) JUN 28 1939 (Date received local registrar) (b) J. F. Baldock (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 26
year 1939 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Traumatic Hemorrhage, due to fractures of Dorsal Spine and compression of Spinal cord, when she lost
Due to her grasp and fell from a moving Merry-Go-Round at Triangle Park, about
Due to 10:30 A.M. June 25th, 1939.

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence June 25th, 1939
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place (Specify type of place)
While at work No (e) Means of injury Fall

23. Signature Joseph M. Quinn (M. D. or other)
Address Deputy Coroner Date signed 6/28

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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## 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 Ernest W. Spillars

Licensed Embalmer No. H 0 8 0

P. O. Address 3528 Russell

**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.**