DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940

Registration District No. 701

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41208 10331

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003

(a) County

(b) City or town ST. LOUIS, MO. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County St. Louis

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

(d) Street No. 1906 Penn St.
(If rural, give location)

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

3. (a) PRINT FULL NAME LESTER ORGAN 625

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

3. (c) Social Security No. 499-05-3406

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Jan 7, 1908 (Month) (Day) (Year)

8. AGE: Years 31 Months 10 Days 24 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business

FATHER
12. Name Charles Organ
13. Birthplace Mo. (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Charles Organ

(b) Address 1906 Penn St.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. J. Shea

(b) Address 1389 Gravois

19. (a) DEC 3 1939 (Date received local registrar) (b) J. E. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 1 year 1939 hour 3 minute 35 P. M.

21. I hereby certify that I attended the deceased from NOVEMBER 30, 1939, to DECEMBER 1, 1939; that I last saw h. im alive on DECEMBER 1, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARDIAC INSUFFICIENCY	UNCERTAIN
Due to RHEUMATIC HEART DISEASE	UNCERTAIN
Due to	
Other conditions NONE (Include pregnancy within 3 months of death)	
Major findings: Of operations NONE	
Of autopsy CONGESTIVE FAILURE, CARDIAC HYPERTROPHY + DILATATION, MITRAL STENOSIS	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry E. Oppenheimer (M. D. or other) MD

Address 1325 SOUTH GRAND BLVD Date signed 12/1/39

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.

(Licensed Embalmer's Statement on Reverse Side)

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 B W Finn

Licensed Embalmer No. 1591

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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