

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 41419

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

Registrar's No. 10542

1. PLACE OF DEATH: 1008  
 (a) County \_\_\_\_\_ 1  
 (b) City or town St Louis  
 (c) Name of hospital or institution: Homer G Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mo 9 days  
Unknown (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Ozella Curry Orndoff 653  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Caucas 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Not Known  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 4 yrs hr. min.

9. Birthplace ST LOUIS MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business John Thomas

12. Name Arkansas

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Ark  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Jessie Cunningham

(b) Address 4558 Cate Brillante

17. (a) GREENWOOD (b) Date thereof Dec 9-1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Cr

(b) Address 2726 Luss Ave

19. (a) DEC 9 1939 (b) J. D. Bredich  
 (If not a local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St Louis 18  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 545 S Ewing  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
 year 1939 hour 3:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 24, 1939 to December 1, 1939  
 that I last saw her alive on December 3, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pelvis and Vagina Duration 4 yrs  
Primary site adenocarcinoma of uterus

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1/8

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Martin Jr 1 (M. D. or other)  
 Address 2601 N Whittier Date signed 12.4.39

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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 *Budie Best Anderson*

Licensed Embalmer No. *2929*

P. O. Address.....

**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.**