

FILED FEB 17 1940
797

Registration District No. 797 Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: 1003
 (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:
1732 A Franklin
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether years, months or days)
 In this community 8 Years

3. (a) PRINT FULL NAME Jane Ann Orr
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Joseph
 6. (c) Age of husband or wife If alive _____ years
 7. Birth date of deceased January 1, 1866
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>0</u>	<u>0</u>	hr. _____ min.

9. Birthplace Unknown England
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Unobtainable
 13. Birthplace " " " " " "

14. Maiden name " " " " " "
 15. Birthplace " " " " " "

16. (a) Informant's own signature Jack Yelton
 (b) Address 1732 A Franklin Ave.

17. (a) Removal (b) Date thereof Jan. 1, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Poteau, Oklahoma

18. (a) Signature of funeral director A. W. M. Langley
 (b) Address 2317 Lafayette Ave.

19. (a) JAN 5 1940 (b) _____
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1732 A Franklin
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 46 Years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
 year 1940 hour 7 minute 50 AM
 21. I hereby certify that I attended the deceased from Dec 1
 _____, 1939 to Dec 31, 1939
 that I last saw her alive on Dec 31, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis Pneumonia
Gastric Carcinoma

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations none
 Of autopsy none

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) _____
 (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 Jay H. Lamb (M. D. or other) _____
 Address 4064 Olive St. Date signed _____

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 L. W. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.