

Registration District No. 791111 / Primary Registration District No. 1003Registrar's No. 5564

## 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  
DePaul Hospital  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 years, months or days)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Louis W. Ortman 6235

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Sophie M. Ortman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years7. Birth date of deceased Sept 6 1856  
(Month) (Day) (Year)8. AGE: Years 83 Months 9 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Germany  
(City, town, or county) (State or foreign country)10. Usual occupation Lumberman  
Retired11. Industry or business 612. Name Louis W. Ortman13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clara Belle Ortman(b) Address 932 Catalpa St.17. (a) Burial (b) Date thereof July 1, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oak Grove Cem.18. (a) Signature of funeral director Drehmann Harral(b) Address 1905 Union Blvd.19. (a) JUN 29 1940 (b) J. F. Decker  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 5  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 932 Catalpa St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1940 hour 1:30 minute P M.21. I hereby certify that I attended the deceased from June 1, 1940, to June 28, 1940;  
that I last saw him alive on June 28, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Ch. MyocarditisDue to Pyelonephritis non Calculous  
absent of stones, ch. lenticularDue to non Catarrhal  
non gonococcal  
non TubercularOther conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 93C

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) \_\_\_\_\_

(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 R. J. Sawyer (M.D. or other) M.D.Address 2242 Ashwood Ave. Date signed 6/28/40

2349a St. Louis 7-8  
Ch 2013

**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 Warren A. Carve  
Licensed Embalmer No. 3534  
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.