

2  
3-40  
7-39  
K23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis**  
(c) Name of hospital or institution..... **DePaul Hospital**  
(d) Length of stay: In hospital or institution.....  
In this community.....

3. (a) PRINT FULL NAME..... **Edith Orgeich**  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

4. Sex..... **Female**  
5. Color or race..... **White**  
6. (a) Single, widowed, married, divorced..... **Married**  
6. (b) Name of husband or wife..... **Paul Orgeich**  
6. (c) Age of husband or wife if alive..... **63** years  
7. Birth date of deceased..... **Apr. 19 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60 4 7** hr. min.

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

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **John T. Bulcock**

13. Birthplace..... **England**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Paul Orgeich**

(b) Address..... **1511 Partridge Ave.**

17. (a) **Burial** (b) Date thereof..... **10-29-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Laurel Hill Cem.**

18. (a) Signature of funeral director..... **Drehmann-Harral**

(b) Address..... **1905 Union Blvd.**

19. (a) **OCT 28 1940** (b) *J. J. Bulcock*  
(Date received by local Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Mo.** (b) County..... **St. Louis**  
(c) City or town..... **University City**  
(d) Street No..... **1511 Partridge Ave.**  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... **Oct.** day..... **26**  
year..... **1940** hour..... **9** minute..... **30** P. M.

21. I hereby certify that I attended the deceased from..... **July 31 1940** to..... **Oct 26 1940**  
that I last saw her alive on..... **Oct 26 1940**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**  
**Coronary Stenosis**  
Due to..... **Coronary Stenosis**

Due to..... **Decompensation**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

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

While at work?.....  
(c) Means of injury.....  
23. Signature..... **W. G. Moore, M.D.** (M. D. or other)  
Address..... **7301 Natural Bridge** Date signed..... **10/28/40**

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

7301 Nat Avenue

3-5 P.M.

**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 the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above. . .