

No. 2
1-13-40
-17-39
I 4435

MAR 11 1941 784
Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6602 Clemens Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community life (since age of 2 yrs.)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6602 Clemens Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME FRANK E. ORCUTT

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 2 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 7 26 hr. min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Storage & moving

11. Industry or business _____

MOTHER FATHER { 12. Name Rosalvo Orcutt

13. Birthplace _____ Maine
(City, town, or county) (State or foreign country)

14. Maiden name Annie Rose

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

16. (a) Informant Mrs. J. Orcutt

(b) Address 6602 Clemens Ave.

17. (a) burial (b) Date thereof 3/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander L. Lons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 3 1941 (b) BTR Meyers & PH
(Date received local registrar) (Registrar's signature)

(Licensed Embosser's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1941 hour 6:00 minute 9 M.

21. I hereby certify that I attended the deceased from Feb 27
1941, to Feb 28 1941

that I last saw him alive on Feb 28 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis from ruptured gastric ulcer

Due to _____

Due to _____

Other conditions 1170
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Ruptured Gastric Ulcer & Peritonitis

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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____

23. Signature John Conway M.D. (M.D. or other)
Address 508 1/2 Ward Date signed 3/2/41

Duration _____

Underline the cause to which death should be charged statistically.

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

#3

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..... *Jas. E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address..... *6175 Delmar*

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, fact should be so stated above.