

V. S. No. 2  
 OM-8-43  
 Rev. 5-17-39  
 P I X37823

23309

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**FILED AUG 14 1944**  
 Registration District No. 14-4048

Primary Registration District No. 1003

Registrar's No. 6872

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Little Sisters of the Poor  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 yrs.  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3400 So. Grand Blvd.  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Peter Orth  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Aug. day 5th  
 year 1944 hour 8 minute 30 A. M.

4. Sex Male 5. Color or race White  
 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 June 4, 1870  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28, 1944 to Aug 5, 1944  
 that I last saw him alive on Aug 4, 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 2 1 hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_  
Chronic myocarditis 1 year

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

Due to \_\_\_\_\_  
arterio-sclerosis 1 year

10. Usual occupation Day Laborer

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

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_  
 Of operations none  
 Of autopsy none  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Hubert Orth  
 13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Bulger  
 15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Bernette  
 (b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 8/7/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary  
2842 S. Gramme St.  
 (b) Address

19. (a) AUG 7 1944 (b) J. F. Bredsek  
 (Date received local registrar's certificate) (Registrar's signature)

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 W. C. ... (M. D. or other) MD  
 Address 3318 8 Grand Date signed 8-6-44

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

**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..... me.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Joe G. Benz*

Licensed Embalmer No..... 4249.....

P. O. Address: 2842 Meramec St.  
St. Louis, Mo.

**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.**