7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#42743

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19085

State File No.

FILED JUL 14 1945 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 5558

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 157

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5456 RUSKIN
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Hannah Ortleb

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife GEORGE

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased MAY (Month) 21st (Day) 1877 (Year)

8. AGE: Years 68 Months 1 Days 4 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business SELF

FATHER
12. Name BRADY PAGE
13. Birthplace (City, town, or county) PA (State or foreign country)

MOTHER
14. Maiden name SUSAN JANE SMITH
15. Birthplace DONT KNOW (City, town, or county) (State or foreign country)

16. (a) Informant GEORGE ORTLEB
(b) Address 5456 RUSKIN

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation BETHANY

18. (a) Signature of funeral director Provost and Co
(b) Address 3710 N. Grand Blvd.

19. (a) JUN 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1945 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from 6/4/45, 19..., to 6/25/45, 19...; that I last saw her alive on 6/25/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes mellitus	several years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

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

23. Signature Hans B Molholm (M.D. or other) M.D.
Address 1515 Lafayette Date signed 6/26/45

(Licensed Embalmer's Statement on Reverse Side)

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 Earl E. Provost

Licensed Embalmer No. A 15578

P. O. Address 3710 N Grand

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.