S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1945

State File No. 32244

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9190

1. PLACE OF DEATH:

(a) County ~~St Louis 4040 Natural Br~~

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

(c) Name of hospital or institution: 4040 Natural Bridg 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 55 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4040 Natural Bridge (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Joseph Orlick

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 17 (Day) 1878 (Year)

8. AGE: Years 67 Months 7 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business —

FATHER
12. Name Casmier Orlick
13. Birthplace ..... (City, town, or county) Poland 4 (State or foreign country)

MOTHER
14. Maiden name Konstancya
15. Birthplace ..... (City, town, or county) Poland 4 (State or foreign country)

16. (a) Informant Anna Orlick

(b) Address 4040 Natural Bridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 25 45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St Louis Funeral Home

(b) Address 2705 St Louis ave

19. (a) OCT 24 1945 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 22 — 1945 ~~1945~~ hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from JAN-1945 ....., 19..., to Oct-15th, 1945 that I last saw him alive on Oct-15th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY-THROMBOSIS	
Due to ARTERIO-SCLEROSIS	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 J. J. Nawrocki (M. D. or other) MD

Address 190 Madison St Date signed 10-23-45

(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.....

Licensed Embalmer No.....3575.....

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, fact should be so stated above.