

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED APR 24 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3299

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
City Hospital  
(If not in hospital or institution, write street number or location)

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

In this community 33 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Ferguson 6  
(If outside city or town limits, write "RURAL")

(d) Street No. Grether at Reasor Dr. 1182  
(If rural, give location) 2B-1

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Ormerod

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8  
year 1946 hour 4:50 minute 508 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Schwartz 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased August 21 1887  
(Month) (Day) (Year)

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

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

58	7	17	hr. _____ min.
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Duration \_\_\_\_\_

Cerebral Apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Kingston New York  
(City, town, or county) (State or foreign country)

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation Mechanic

11. Industry or business Automobile

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? \_\_\_\_\_

MOTHER FATHER { 12. Name Amosa Ormerod

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

14. Maiden name Mary Stall

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elizabeth Ormerod

(b) Address Ferguson, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 4/11/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

23. Signature J. F. Bruckack (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 4/10/46

19. (a) APR 10 1946 (Date received local registrar)

J. F. Bruckack (Registrar's signature)

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

15077

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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 L. M. White  
Licensed Embalmer No. 3973  
P. O. Address Jerguson, 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.