

FILED SEP 24 1946
318

State File No.

Registrar's No. 7877

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town **SAINT LOUIS;**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
709 SOUTH SKINKER ROAD.
(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**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County
(c) City or town **SAINT LOUIS;**
(If outside city or town limits, write "RURAL")
(d) Street No. **709 SOUTH SKINKER ROAD.**
(If rural, give location)
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **KATHARINE PIERCE ORMROD**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **FEMALE** / 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **REGINALD M. C. ORMROD** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **OCTOBER 9 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 1
hr. min.

9. Birthplace **SAINT LOUIS MISSOURI.**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **LAWRENCE B. PIERCE**

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

14. Maiden name **LUCIE ALEXANDER**

15. Birthplace **CLARKSVILLE MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **R. M. C. ORMROD**

(b) Address **709 SO. SKINKER ROAD.**

17. (a) **BURIAL** (b) Date thereof **SEP'T 12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BELLEFONTAINE CEMETERY**

18. (a) Signature of funeral director **C. R. LUPTON & SONS**

(b) Address **7233 DELMAR BLVD.**

19. (a) **SEP 12 1946** (b) *J. J. Brederick*
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10**
year **1946** hour **11** minute **25** P. M.

21. I hereby certify that I attended the deceased from

that I last saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death *Crystal Poisoning*

Due to *Home Sept 10, 1946 exact*

Due to *Home Unknown*

Other conditions (Include pregnancy within 3 months of death) **1638**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *suicide*

(b) Date of occurrence *Sept 10 1946*

(c) Where did injury occur? *Home*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

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

23. Signature *Thomas J. Callahan* (M.D. or other) **3**

Address *Corcoran* Date signed **9-12-46**

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

30905

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 Clarence H. Murray

Licensed Embalmer No. 4047

P. O. Address 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.