

FILED DEC 17 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10439

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
41612

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
945 Wilmington Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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. 945 Wilmington Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME John Orlick

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Augusta Orlick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 8, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired 3 years

11. Industry or business Gardner

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Augusta Orlick
(b) Address 945 Wilmington

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-7-46
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director _____
(b) Address 6322 S. Grand Blvd.

19. (a) DEC 6 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1946 hour 8 minute 30a. M.

21. I hereby certify that I attended the deceased from April 7, 1946 to December 5, 1946
that I last saw him alive on December 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac thrombosis

Due to _____

Due to _____

Other conditions Old Age
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Bernard Ploch (M. D. or other) M.D.
Address 3527 Orange Avenue, St. Louis, Mo. Date signed 12-5-46

Duration
?
?
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

JAN 13 1947

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DR. B. PLOCH,
3958 S. GRAND.
RR. 1296

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 J. Wm Bentley
Licensed Embalmer No. 3653
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.