

FILED JUL 7 1947

Registration District No. 311

Primary Registration District No. 3263

Registrar's No. 1142

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 HOURS
(Specify whether years, months or days)

In this community PARENTS 22 YEARS

3. (a) PRINT FULL NAME BABY BOY ORTMANN

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased May 27 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>1 hr. 30 min.</u>

9. Birthplace CLAYTON Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name FRANK ORTMANN

13. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

14. Maiden name FRANCES FELTMANN

15. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK ORTMANN

(b) Address 4758 OLDENBURG

17. (a) 6 12 47 (b) Date thereof 6 12 47
(Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director Paul Ryan

(b) Address 5800 Adams St

19. (a) 24-47 (b) Paul Ryan
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4758 OLDENBURG
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27
year 1947 hour 5 minute PM

21. I hereby certify that I attended the deceased from MAY 27, 1947, to MAY 27, 1947, that I last saw h. im alive on MAY 27, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death PREMATURITY.

Due to 159

Due to _____

Other conditions (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 Ther Hoffe MD (Specify type of place) Means of injury _____

23. Signature Ther Hoffe MD (M. D. or other) _____

Address 60 BRENTWOOD BLVD Date signed 6/29/47

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

MOTHER FATHER

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. *not embalmed*

Signed.....

Licensed Embalmer No.....

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.