

S. No. 2
 DM-5-43
 v. 5-17-39
 X36871

FILED NOV 14 1947 **318**

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **9907**

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Barnes 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Pike **994**
 (c) City or town Pleasant Hill **11**
(If outside city or town limits, write "RURAL")
 (d) Street No. NR **0**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) **2**
 If yes, name country _____

3. (a) PRINT FULL NAME Mayme Eleanor Orrill
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 27
 year 1947 hour 6 minute 0 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ernest Orrill
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased June 13 1899
(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 Myocardial infarction
chronic hemorrhage of brain
when the auto motor was stopped
by accident being driven by one Ernest Orrill who struck by automobile
in town of (c) N. Mich. 1 1/2 miles from
the West corner of corner 3 miles South
of Pleasant Hill, Illinois on Highway
14 1/2 miles 4:30 P.M. Oct 26 1947

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>4</u>	<u>14</u>	_____ hr. _____ min.

Major findings:
 Of operations 1700-8
 Of autopsy 3003
 Underline the cause to which death should be charged statistically.
 PHYSICIAN

9. Birthplace Pike Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name William Shonhart **9**
 13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Reynolds
 15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Orrill
 (b) Address Pleasant Hill, Ill.
 17. (a) Removal (b) Date thereof 10-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill, Ill.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Open verdict C.C.O
 (b) Date of occurrence Oct 26 1947
 (c) Where did injury occur? Pleasant Hill, Ill.
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
(Specify type of place) (e) Means of injury Car

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) OCT 29 1947 (b) J. F. Br...
(Date received local registrar) (Registrar's signature)

23. Signature Patrick E. Taylor (M.D. or other) **3**
 Address Deputy Coroner Date signed 10-29-47

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. Allen Davis

Licensed Embalmer No. *4053*

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.