

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

National Office of Vital Statistics
FILED MAY 15 1948
Registration District No. 318

Primary Registration District No. 1003

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

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: Firmin Desloge Hosp.
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution About 3 Weeks
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County Mad
 (c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1207 Kraft Ave.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME EDWARD C. ORNER
 3. (b) If veteran, name war. None 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
 year. 1948 hour 3:30 minute..... P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Late Catherine
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov. 18 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-6, 1948 to 5/4, 1948
 that I last saw h.l.m. alive on 5/4, 1948
 and that death occurred on the date and hour stated above. Duration
 Immediate cause of death Pneumonia, lobar 3 wks

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>82</u>	<u>5</u>	<u>16</u>	hr. min.

Due to..... 118
 Due to.....
 Other conditions..... Gastric hemorrhage 3 days
(Include pregnancy within 3 months of death)

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

10. Usual occupation Plasterer

11. Industry or business Retired 10 Years

12. Name Edward Orner

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

14. Maiden name Margaret Smith

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

16. (a) Informant Adele Browne
 (b) Address 1327 Highland Terrace

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 5-7-48
(Month) (Day) (Year)
 (c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.
 (b) Address 4228 So. Kingshighway Bl.

19. (a) MAY 6 1948
(Date received local registrar) (b) J. F. Redbeck
(Registrar's signature)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy.....

Underline the cause of which death should be charged statistically.

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?..... (Specify type of place)
 While at work?..... (e) Means of injury.....

23. Signature W. F. Melick (M. D. number) 0
 Address 634 N. Grand Ave. Date signed 5-6-48

