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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38500

FILED NOV 19 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9503

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:
4644 Dahlia Ave. 1
(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 Mo. (b) County 510 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2 4644 Dahlia Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME H. JOHN ORTBALS

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased Sep't. (Month) 14 (Day) 1865 (Year)

8. AGE: Years 83 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Casper Ortbals
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Unknown
15. Birthplace (City, town, or county) Alsaace-Lorraine (State or foreign country)

16. (a) Informant Elizabeth Ortbals
(b) Address 4644 Dahlia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

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

19. (a) NOV 1 1948 (Date received local registrar) (b) J. B. Fowler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31
year 1948 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 25 1948 to Oct 31 1948
that I last saw him alive on Oct 30 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Prostate	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to 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 V. P. Wagenbach (M. D. or other)
Address 4717 Morgan Ford Date signed 11/1/48

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stoversand

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.