

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28403

FILED AUG 27 1949

State File No. ....

318

1003

7197

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <i>east</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5326 a Northland Ave.				d. STREET ADDRESS (If rural, give location) 5326 a Northland Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Ellen		c. (Last) Orcutt	
4. DATE OF DEATH August. 17, 1949		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH June. 17, 1875		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 2		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Eugene Cronin		13b. MOTHER'S MAIDEN NAME Catherine O'Brien		14. NAME OF HUSBAND OR WIFE Ruppert E. Orcutt			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Lanigan 4874 Kossuth Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Edema</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Head Disease</i> DUE TO (c) <i>Ch. Myocarditis</i> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hemiplegia (left)</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hrs</i> <i>Chronic</i> <i>8/17/49</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Missouri</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H 2 2 2</i>				22. I hereby certify that I attended the deceased from <i>June 13, 1949</i> , to <i>Aug 17, 1949</i> , that I last saw the deceased alive on <i>Aug 16, 1949</i> , and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>Joseph Lanigan</i> (Degree or title)		23b. ADDRESS <i>4968 St. Charles Blvd</i>		23c. DATE SIGNED <i>8/17/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 20, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>AUG 18 1949</i> <i>J. B. Fasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Geo. F. Stewart</i>		ADDRESS <i>1225 Union</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Blument M. Young*

Licensed Embalmer No. 3792

P. O. Address *St. Louis*

**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.