

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35198
8764

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Capistrano</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. LENGTH OF STAY (In this place) <u>19 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Capistrano</u>		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>35315 S. Camino</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u>		a. (First)		b. (Middle) <u>ORTH</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>OCT</u>		(Day) <u>14</u>		(Year) <u>1950</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12/26/1877</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>9</u>		IF UNDER 24 HRS. Days <u>18</u>		IF UNDER 24 HRS. Hours <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Prop. Summer Resort</u>		11. BIRTHPLACE (State or foreign country) <u>Marissa, Ill.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Otto Orth</u>		13b. MOTHER'S MAIDEN NAME <u>Spohia Benninger</u>		14. NAME OF HUSBAND OR WIFE <u>Rose Bolle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Rose Orth, 64 Clermont Lane, Ladue, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>10 mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>			
22. I hereby certify that I attended the deceased from <u>SEPT 25</u> , 19 <u>50</u> , to <u>OCT 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>OCT 14</u> , 19 <u>50</u> , and that death occurred at <u>11:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Eugene T. Standley, M.D.</u> (Degree or title)				23b. ADDRESS <u>600 S. KINSHIGHWAY ST. LOUIS, MO</u>		23c. DATE SIGNED <u>10/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u> ADDRESS			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert J. Condit

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

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.