

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3308

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 260

1. PLACE OF DEATH
a. COUNTY Saint Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves

c. LENGTH OF STAY (In this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION 311 Bristol Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 60 Webster Groves

d. STREET ADDRESS (If rural, give location) 311 Bristol Road

3. NAME OF DECEASED
a. (First) Lubie b. (Middle) Franklin c. (Last) Orr

4. DATE OF DEATH (Month) (Day) (Year)
Jan 29-1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 12/1889

9. AGE (In years last birthday) 61
IF UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Manager Pet Milk Company

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mayfield, Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Horace L. Orr

13b. MOTHER'S MAIDEN NAME Louisa Frances Seaford

14. NAME OF HUSBAND OR WIFE Gladys L. Orr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO None

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs Gladys L. Orr 311 Bristol Road ADDRESS

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 14 Hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1951, to Jan 29, 1951, that I last saw the deceased alive on Jan 29, 1951, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Alexander Smith, M.D.

23b. ADDRESS Webster Groves, Mo.

23c. DATE SIGNED Jan 30-1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation

24b. DATE 1-31-1951

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory

24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 1-30-51

REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd.

RWP (Licensed Embalmer's Statement on Reverse Side)

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

4007

4607

Missouri, Mo.

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 Arnold W. Schoene

Signed.....
Student Embalmer

Licensed Embalmer No. 3864

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.