

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14563

FILED APR 27 1951

318

State File No. 3575
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1002 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 _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place)
OR TOWN ST. LOUIS, 29
c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN ST. LOUIS, 224

d. FULL NAME OF HOSPITAL OR INSTITUTION 1214 1/2 LYNCH
e. STREET ADDRESS (If rural, give location)
1214 1/2 LYNCH

3. NAME OF DECEASED a. (First) ELLA b. (Middle) - c. (Last) ORENTAS
(Type or Print) 4. DATE OF DEATH (Month) (Day) (Year)
APR 14 1951

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED, WIDOWED
8. DATE OF BIRTH SEP. 26 1897 9. AGE (In years last birthday) 53
If UNDER 1 YEAR: Months Days 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) ILLINOIS
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME EDWARD SCHERER 13b. MOTHER'S MAIDEN NAME ANNA HANNECK 14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS
WILLIAM SCHERER 1214 1/2 LYNCH

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension.
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Toxic Goitre.
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 No surgery. 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 2570

22. I hereby certify that I attended the deceased from 4-2-51, 19__, to 4-8-51, 19__, that I last saw the deceased alive on 4-8-51, 19__, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) 23b. ADDRESS 4930 Lindell Blvd. St. Louis, Mo. 23c. DATE SIGNED 4-16-51.

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE APR 18 1951 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM 24d. LOCATION (City, town, or county) ST. LOUIS, MO. (State)

DATE REC'D BY LOCAL REG. APR 16 1951 REGISTRAR'S SIGNATURE J. B. Kasater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rutes 2906 Gravois Ave.

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.....

Leo Budd

Licensed Embalmer No.

3989

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.