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

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6146

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 60F7 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville Curra
c. LENGTH OF STAY (in this place): 18 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentzville 0420 Rural
d. STREET ADDRESS (If rural, give location): 6 mi North East

3. NAME OF DECEASED (Type or Print)
a. (First): Loretta
b. (Middle): Ann
c. (Last): Ortz

4. DATE OF DEATH (Month) (Day) (Year): Feb 24 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 11-1896
9. AGE (In years last birthday): 55 — If under 1 year: Months 8, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Josephville 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Rothermich
13b. MOTHER'S MAIDEN NAME: Theresa Tochtrop
14. NAME OF HUSBAND OR WIFE: Alphonse Ortz

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: Alphonse Ortz
ADDRESS: Wentzville Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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: 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* 2/24, 1952 *to* 2/24, 1952, *that I last saw the deceased alive on* 2/24, 1952, *and that death occurred at* 11:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. C. McMurray MD (Degree or title)
23b. ADDRESS: Wentzville, Mo
23c. DATE SIGNED: 2/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-28-52
24c. NAME OF CEMETERY OR CREMATORY: St Joseph's
24d. LOCATION (City, town, or county) (State): Josephville Mo

DATE REC'D BY LOCAL REG.: Feb 28 1952
REGISTRAR'S SIGNATURE: Martin F. Ruff
25. FUNERAL DIRECTOR'S SIGNATURE: T. E. Pittman
ADDRESS: Funeral Home Wentzville Mo

408-0 (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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Annetta M. [illegible]

Licensed Embalmer No. 3055

P. O. Address Wentzville [illegible]

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

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