

FILED JUL 14 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21634
Registrar's No. 25

BIRTH NO. REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville Rural</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>7 mile North East</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>Bernard Louis Orz</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18 1887</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Wentzville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Orz</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Mette</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Agnes</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Stetus Orz Wentzville Mo</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis (L)</u> DUE TO (c) <u>Generalized Cardiovascular Atherosclerosis</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug, 1950, to June 22, 1952, that I last saw the deceased alive on June 22, 1952, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George R. Sasaki, M.D.</u> (Degree or title)	23b. ADDRESS <u>O'Fallon Mo.</u>	23c. DATE SIGNED <u>6-23-52</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 25 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Josephville Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 25 1952</u>	REGISTRAR'S SIGNATURE <u>Mark F. Puff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Pitman</u>	ADDRESS <u>Funerad Harvie</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jan 21 1952

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.

Signed Anneta M. T. T. T.

Signed
Student Embalmer

Licensed Embalmer No. 3055

P. O. Address Chesterville, Md.

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.