

No. 300
10-48

REC'D DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40575

318

1003

Registrar's No. 10329

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 10329			
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) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 10 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5370 Pershing Ave.				d. STREET ADDRESS (If rural, give location) 12 5370 Pershing Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) ERIC		b. (Middle) STEPHEN		c. (Last) ORF		4. DATE OF DEATH Nov. 8, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married	8. DATE OF BIRTH Sept. 25, 1941		9. AGE (In years last birthday) 11	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pupil		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) Ft. Wayne, Ind.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Eric Orf			13b. MOTHER'S MAIDEN NAME Isabelle Schnarr		14. NAME OF HUSBAND OR WIFE Single				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eric Orf, 5370 Pershing, St. Louis.					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute leukemia 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 2043					
22. I hereby certify that I attended the deceased from 7-19-52, 19, to 11-8-1952, that I last saw the deceased alive on 11-8-52, 19, and that death occurred at 6 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) David N. McF... M.D.				23b. ADDRESS 7803 N. Clayton Rd.		23c. DATE SIGNED 11-8-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/12/52	24c. NAME OF CEMETERY OR CREMATORY Hiram Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. NOV 10 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Popp, Inc. Kirkwood, Mo.					

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 Felix Durand.....

Licensed Embalmer No. 3034.....

P. O. Address Kirkwood 22 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.