

# STANDARD CERTIFICATE OF DEATH

6643

State File No. ....

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1217**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		c. CITY OR TOWN <b>Jennings</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hosp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>7557 Chandler</b>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Elizabeth</b>	b. (Middle)	c. (Last) <b>Orschell</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 6 1954</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan. 30 1908</b>	9. AGE (in years last birthday) <b>46</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stater Winder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Emerson Elec.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Barthelso Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Philip Koester</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Becker</b>	14. NAME OF HUSBAND OR WIFE <b>John Ray Orschell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>492 10 1422</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Ray Orschell</b>	ADDRESS <b>7557 Chandler</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Ovary</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hydronephrosis Chr.</b> DUE TO (c) <b>—</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>—</b>			

19a. DATE OF OPERATION <b>1/26/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Enormous Cancer of Ovary.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>—</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>175X</b>
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22. I hereby certify that I attended the deceased from **1/24/54**, 19**54**, to **2/6/54**, 19**54**, that I last saw the deceased alive on **2/6/54**, 19**54**, and that death occurred at **10:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>6917 W. Florissant</b>	23c. DATE SIGNED <b>2/8/54</b>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/9/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 8 1954</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Buchholz Mortuary 5967 W. Florissant</b>
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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.....  
Signature of Student Embalmer

Signed.....  
*W. Fred A. Braddock*

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.