

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18416

State File No.

318

1003

Registrar's No. 4170

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4170	
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 OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.				e. STREET ADDRESS (If rural, give location) 3821 Maffitt			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Lee		c. (Last) Orr		4. DATE OF DEATH (Month) (Day) (Year) April 26, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 25, 1923	
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Hosp.		11. BIRTHPLACE (City and State or Foreign Country) Paris, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Orr		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Betty Orr			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Betty Orr, 3821 Maffitt Ave.			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Tubercular Embolism; Hemorrhage (Right side); Gunshot wound of Spine and Card.</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - both hands of one Officer McKernie</i>					
		II. OTHER SIGNIFICANT CONDITIONS <i>During holdup in Tavern at 170 Grand Ave., about 11:20 pm</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Apr 14 1956 in the performance of Official Police Duty.</i>					
21a. ICKENIE SUICIDE <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>lateral</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St Louis Mo</i>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Apr 14 56 11p</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>E984x</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:58</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Deputy Sheriff</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>4/27/56</i>	
24a. BURIAL, CREMATION, REMOVAL <i>Removal</i>		24b. DATE <i>4-26-56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Local</i>		24d. LOCATION (City, town, or county) (State) <i>Paris, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>APR 27 1956</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe 4700 Washington,</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1956

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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.....
Robert M. Murray

Licensed Embalmer No. 3749

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.