

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25180

State File No. \_\_\_\_\_  
 Registrar's No. **5906**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>St. Louis</b>		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 <b>St. John's Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>3817 Cleveland Avenue</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Harry</b>		b. (Middle) _____		c. (Last) <b>Orvis</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 21, 1956</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 7, 1874</b>		9. AGE (In years last birthday) <b>81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cigar Maker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Cigar Mfg.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Manchester, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Theo. W. Orvis</b>		13b. MOTHER'S MAIDEN NAME <b>Emeline J. Koster</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lewis E. Angers - 3906 Pomona</b>	
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> <b>arteriosclerosis</b> Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiomegaly</b>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>Aug 5, 1955</b> to <b>2 June 56</b> , that I last saw the deceased alive on <b>April, 1956</b> , and that death occurred at <b>10:00 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>R. H. Boldt MD</b> (Degree or title)			23b. ADDRESS <b>6000 W. Harrison</b>		23c. DATE SIGNED <b>20 June 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 22, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Violet Hill Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Perry, Iowa</b>
DATE REC'D BY LOCAL REG. <b>JUN 22 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Helderk - 3634 Gravois Ave.</b>	

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

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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 Wheeler*.....

Licensed Embalmer No... *2129*.....

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