

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28935**  
Registrar's No. **6549**

FILED AUG 24 1956

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
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 OR TOWN <b>St. Louis, Missouri</b> )		c. LENGTH OF STAY (in this place) <b>9 Mos. 8 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>9</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>3 3282<sup>a</sup> Watson Road</b>				
3. NAME OF DECEASED (Type or Print) <b>Kathy Lynn</b>			a. (First)		b. (Middle) <b>Ortyl</b>		c. (Last)	
4. DATE OF DEATH		(Month) <b>July</b>		(Day) <b>11</b>		(Year) <b>1956</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		8. DATE OF BIRTH <b>12-9-50</b>		
9. AGE (In years last birthday) <b>5</b>		If UNDER 1 YEAR Months <b>7</b>		If UNDER 11 Wks. Days		Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Joseph Ortyl</b>			13b. MOTHER'S MAIDEN NAME <b>Patricia Russo</b>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alice Trumbidge</b> ADDRESS <b>500 S. Kingshighway</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>Hydrocephalus</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Obstruction, cisternal</b> DUE TO (c) <b>Cystic atresia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>?meningitis, stielactosis, plebromphitis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 Year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>193x</b>				20. AUTOPSY? YES <input checked="" 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)		21f. HOW DID INJURY OCCUR?		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from <b>10-3, 1955</b> , to <b>7-11, 1956</b> , that I last saw the deceased alive on <b>7-11, 1956</b> , and that death occurred at <b>1:45 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Alexis F. Hartmann M.D.</b>				23b. ADDRESS <b>Childrens Hospital</b>		23c. DATE SIGNED <b>7-13-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/14/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		
DATE REC'D BY LOCAL REG. <b>JUL 13 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D. Micali</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>1150 N. Kingshighway</b>				

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Murra*.....

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.