

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042060

STATE FILE NUMBER

FILED DEC 5 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's

10939

300
1-57

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN Jennings 4138 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp. | | d. STREET ADDRESS (If outside, give location) 88 1/2 Jennings Rd. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN J. ORLICK SR. | | 4. DATE OF DEATH Month Day Year Nov. 12 1958 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH May 9, 1891 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) dentist | | 11. BIRTHPLACE (City and state or country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Joseph Orlick | | 13b. MOTHER'S MAIDEN NAME Margaret Thomas | 14. NAME OF HUSBAND OR WIFE Marguerite Orlick |
| 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 Marguerite Orlick 88 1/2 Jennings Rd. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Posteros Myocardial Infarction Arteriosclerotic Heart Disease with 420.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Obesity Paralytic Ileus | | | 19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from November 10, 58, to Nov. 12, 58 and last saw her alive on Nov. 12, 58 Death occurred at 1:25 P.M. (P) on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Joseph V. O'Donnell M.D. (Degree or title) | | 22b. ADDRESS 539 N. Grand | 22c. DATE SIGNED 11/14/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11/15/58 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis Mo. |
| 24. FUNERAL DIRECTOR Buchholz Mortuary 5967 W. Florissant | | 25. DATE RECD. BY LOCAL REG. NOV 14 '58 | 26. REGISTRAR'S SIGNATURE J. Earl Smith MD H.T. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, 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.