

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001851
STATE FICE NUMBER

FILED JAN 26 1959

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 3

300 4
1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL - MERAMEC Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joseph's Hill Infirmary / 248 E. 130 Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 610 N. SKINNER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ORTLEB Last			4. DATE OF DEATH Month JANUARY Day 11 Year 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JANUARY 8 1876
9. AGE (In years, months, days) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRINTER 10b. KIND OF BUSINESS OR INDUSTRY BURLINGTON IOWA 12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM ORTLEB		13b. MOTHER'S MAIDEN NAME GEORGIANN BAUER GERTRUDE TIERNEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No		16. SOCIAL SECURITY NO. 490-20-9774 17. INFORMANT BRO. ROCH ST. JOSEPH'S HILL INFIRMARY Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) MILD ARTERIO SCLEROSIS DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <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 Death occurred at 4/28/56 to 1/11/59 and last saw him alive on 1/9/59 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Deceased or title) Dr. Warden M.		22b. ADDRESS St. Joseph's Hill Infirmary	
22c. DATE SIGNED 1/11/59		23a. SERIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1/14/59		23c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
23d. LOCATION (City, town, or county) (Specify) St. Louis County - Mo		24. FUNERAL DIRECTOR Krieghaner ADDRESS 4228 S. Kingshighway	
25. DATE RECD. BY LOCAL REG. 1-14-1959		26. REGISTRAR'S SIGNATURE Robert E. Bauer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

vactor, coronar, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 30 1950

JAN 27 195

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 *R. W. Stover*

Licensed Embalmer No. *4007*

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.