

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0051104

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 4056 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 16 1964

1. PLACE OF DEATH a. COUNTY St. Louis		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 Manchester		Length of stay in 1b 8 Months	c. CITY OR TOWN University City 30 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Manchester Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 1030 Wild Cherry Lane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Celeste Middle Orth Last Orth			4. DATE OF DEATH Month Dec. Day 30, Year 1963
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/4/1869
9. AGE (last birthday) 94		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Boonville, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Unknown Stietes	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Fred Orth	
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. no	
17. INFORMANT Roy C. Rogers, 1030 Wild Cherry La.		Address University City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Block DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 weeks Don't Know
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Senile Dementia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 Nov. 2nd, 1963 to Dec. 29, 64 and last saw ^{her} alive on Dec. 29, 1963 Death occurred at 9:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert W. Kaffey (Degree or title)		22b. ADDRESS 13,206 Manchester Rd.	22c. DATE SIGNED 1-2-64
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVED		23b. DATE Jan 3, 1964	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion
23d. LOCATION (City, town, or county) O'Fallon, Missouri		25. DATE RECD. BY LOCAL REG. 1-2-1964	
24. FUNERAL DIRECTOR Schrader's, Ballwin, Mo.		26. REGISTRAR'S SIGNATURE John B. Murphy MD.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS 300	Rev. 4/59	1	2	3	4	5	6	7	8	9	10	11	12	13
		4000	24006		1	2	3	0	2	9420.1			86-0	

USE BLACK INK OR TYPEWRITER RIBBON

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.