

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Township

Village

City St Louis (NO. 4235 Prairie Ave Ward)

Registration District No. 791

File No. 32672

Primary Registration District No. 1002

Registered No. 8541

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Katie Marie Orion

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Jan 17 1894
(Month) (Day) (Year)

7 AGE 22 yrs 7 mos 24 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Inspector
(b) General nature of industry business, or establishment in which employed (or employer) Factory

9 BIRTHPLACE (City or town, State or foreign country) St Louis

PARENTS
10 NAME OF FATHER Frank O. Orion
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Brooklyn
12 MAIDEN NAME OF MOTHER Susan Harrington
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jeff. Co. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Susan Orion
(Address) 4235 Prairie Ave

15 Filed Mar 6 1916 Registrar Max B. Hart

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 11 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 11 1914 to Sept 11 1916.
That I last saw her alive on Sept 11 1916 and that death occurred, on the date stated above, at 6:15 P.M.

The CAUSE OF DEATH* was as follows:
Chronic nephritis
131
1335
120
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Kidney Metastases
(Duration) yrs. mos. ds.
(Signed) W. T. Harrison M. D.
7/12 1916 (Address) 3441 29 St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL New St Paul DATE OF BURIAL Sept 14 1916

20 UNDERTAKER John Weiss ADDRESS 1507 Mallinckrodt

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.