

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

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26780

Registration District No. 1938 LI

Primary Registration District No. 101

Registrar's No. 1387

1. PLACE OF DEATH: 1  
 (a) County St. Louis  
 (b) City or town Clayton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Louis County Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
 (Specify whether  
 In this community 12 years.  
 years, months or days)

8. (a) PRINT FULL NAME Helen Olsen 425  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race wh. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert Olsen 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 17 1902  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>37</u>	<u>0</u>	<u>16</u>	hr. _____ min.

9. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name James J. Hull

13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Downey

15. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. Olsen

(b) Address 6218 Dardanella

17. (a) Burial (b) Date thereof Aug 11 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6137 793rd Natural Bridge Rd

19. (a) AUG (b) 70 Maymo St  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6218 Dardanella  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
 year 1939 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from 7/28/39  
 \_\_\_\_\_, 19\_\_\_\_, to 8/2/39, 19\_\_\_\_;  
 that I last saw her alive on 8/2/39, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pulmonary embolus on 2nd P.O. about 10 hours day following a</u>	
Due to <u>Bilateral salpingectomy.</u>	
Due to _____	
Other conditions <u>Partial intestinal obstruction</u>	<u>Few days</u>

Other conditions Partial intestinal obstruction  
 (Include pregnancy within 3 months of death)

Major findings: Bilateral pyosalpinx

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Milton G. Spitz (M. D. or other) \_\_\_\_\_  
 Address St. Louis County, Mo Date signed 8/2/39

1346

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jay W. Wilkins  
Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

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

Do not use this space.

26780 7  
File No. 1387-  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County St. Louis Registration District No. 784  
Township \_\_\_\_\_ Primary Registration District No. 101  
City Clayton (No. St. L. Co. Hosp.)  
2. FULL NAME Helen Olsen  
(a) Residence, No. Wellston Mo. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 0 16  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE \_\_\_\_\_  
19. UNDERTAKER (ADDRESS) \_\_\_\_\_  
20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 1934  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary embolus following Bilateral calpain gangrene Partial intestinal obstruction Bilateral pyosalpinx Cholera - gastroenteral?  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) Milton A. Fritz, M. D.  
(Address) St. L. Co. Hosp.

**TEMPORARY**

CAUSE OF DEATH... so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

Registrar.

S. 26780

1939