

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7127

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 218 So. 4th. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Steve Odell 340

(b) If veteran, name war Unknown

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 14 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name James Odell

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Murray

(b) Address 4th. & Clark St.

17. (a) Burial (b) Date thereof 8-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maemorial Park Cem.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 23 1940 (b) J. B. ...
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1940 hour 2:55 minute A. M.

21. I hereby certify that I attended the deceased from August
13, 1940, to August 21, 1940
that I last saw him alive on August 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Tuberculosis, Pulmonary
and Dural War.

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____

Of autopsy None

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) (a. Medium of injury)

23. Signature A. B. ... (M. D. or other) _____

Address 1515 Lafayette Ave. Date signed 8/22/40

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Albert G. Laffer

Licensed Embalmer No..... *2931*

P. O. Address.....

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