

No. 2  
1-13-40  
-17-39  
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9201

Registration District No. 791

Primary Registration District No.

Registrar's No. 2611

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town. 5079 Cates Ave.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Announced dead City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Margaret Frances Olcott  
3. (b) If veteran, name war.....  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced 3 Divorced  
6. (b) Name of husband or wife John M. Olcott  
6. (c) Age of husband or wife if alive 1874  
7. Birth date of deceased October 15 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Patrick Flynn  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Mary ?  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Thomas M. Brady  
(b) Address Civil Courts Bldg.

17. (a) Burial (b) Date thereof 3 - 25 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery  
Cullinane Bros.

18. (a) Signature of funeral director  
(b) Address 1710 N. Grand Blvd.

19. (a) APR 24 1941 (Date recorded local Registrar)  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5079 Cates Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 17th  
year 1941 hour 3:30 minute P. M.  
21. I hereby certify that I attended the deceased from  
19 to 19  
that I last saw h. alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Sclerosis  
Atherosclerosis  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy  
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)  
Means of injury  
23. Signature Thomas Halloran (M. D. or other)  
Address Deputy Coroner Date signed 3/24/41

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

**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 *Fred Frick*.....

Licensed Embalmer No. 3186.....

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 this body is not embalmed, fact should be so stated above.**