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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9389

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2799

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Lucille Olmsted

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clarence

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

7. Birth date of deceased June 23 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

43	9	5	hr. min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business _____

12. Name Henry L. Smith

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

14. Maiden name Sarah Baker

15. Birthplace Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Smith

(b) Address Potosi, Mo.

17. (a) Removal (b) Date thereof 3/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Mo.

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

(b) Address 4700 Washington Ave.

19. (a) MAR 29 1941 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington Co

(c) City or town Potosi 110
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1941 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar. 25, 1941, to Mar. 28, 1941;
that I last saw her alive on Mar. 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Cerebral Disease

Due to Chronic Myo Carditis

Due to _____

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: Of operations 131

Of autopsy 131

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)

(e) Means of injury 0

23. Signature Ron Lupton (M. D. or other) _____

Address 6122 Cass Date signed 3/28/41

JUN 7 1955

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 *Welford H. Burnley*
Licensed Embalmer No. *4209*

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, fact should be so stated above.