

Registration District No. 791

Primary Registration District No.

Registrar's No. 4477

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:
3840 Kennerly Ave
(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 Clarence Olmsted

3. (b) If veteran, name war no 3. (c) Social Security No. 488-07-3473

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

6. (b) Name of husband or wife Jennie Olmsted 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November 30 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>6</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Cigar Maker

11. Industry or business Jacob Lampert Cigar Co.

12. Name Nelson H. Olmsted

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

14. Maiden name Mary Van Note

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

16. (a) Informant Miss Beulah Olmsted

(b) Address 3840 Kennerly Ave.

17. (a) Burial (b) Date thereof May-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director H. Krou R. U. Co

(b) Address 2707 N. Grand Bldg

19. (a) MAY 28 1941 (b) J. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 11/7
(If outside city or town limits, write "RURAL")
(d) Street No. 3840 Kennerly ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1941 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from May 13 1941 to May 27 1941
that I last saw him alive on May 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure

Due to Chronic Myocarditis

Other conditions Pulm. TB
(Include pregnancy within 3 months of death)
Cold, Healed

Major findings: 938
Of operations _____
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 H. A. Mueller (M. D. or other) JMD
Address 2335 1/2 ... Date signed 5-27

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

MOTHER FATHER

00
7
9

82

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

Paul F. Krollenberg

Licensed Embalmer No.

2631

P. O. Address

2707 N. Grand

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.