

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 157  
156

No. 2  
-2-43  
5-17-39  
I X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3058

92  
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3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
202 N. Benton 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 202 N. Benton Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mary Olsen

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John N. Olsen

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased July 13, 1873  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation Housekeeper

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

12. Name Robert E. Pourie

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

14. Maiden name Eliza Poyd

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

16. (a) Informant Gordon Olsen

(b) Address St. Charles, Mo

17. (a) Burial (b) Date thereof Sept. 14, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann - Paul

(b) Address St. Charles, Mo

19. (a) Sept 13, 1943 (b) Ernest L. Paul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11  
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from February 28, 1941  
to September - 11, 1943  
that I last saw h.e.r. alive on September - 10, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (Cerebral)

Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions 83a!  
(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)

(e) Means of injury \_\_\_\_\_

23. Signature F. L. Harrington M. D. or other \_\_\_\_\_  
Address St. Charles, Mo Date signed 9-13-43

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**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

*Arthur C. Paul*

Licensed Embalmer No.

*3155*

P. O. Address

*St Charles 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.**