

FILED MAR 20 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2370

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4065 a Chautau One
(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 Mo. (b) County 000
(c) City or town St. Louis 178
(If outside city or town limits, write "RURAL") 918
(d) Street No. 4065 a Chautau One
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME ANNA 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 Charles Olsen 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased March 1st 1893
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10th
year 1944 hour 3:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 9th 1944 to Mar 10 1944
that I last saw him alive on Mar 9 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Coma Duration

8. AGE: Years Months Days If less than one day
51 0 9 hr. min.

Due to Chronic Parenchymatous Nephritis
Due to St

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Fore Lady Cap Co.

Major findings: Of operations 181

11. Industry or business retired 18 yrs.

12. Name Unknown Fisher

13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Olsen

(b) Address 4065 a Chautau One

17. (a) Permal (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Peter & Paul

18. (a) Signature of funeral director W. H. ...

(b) Address 4228 So. Kingshighway Blvd

19. (a) MAR 10 1944 (b) J. ...
(Date received local registrar) (Registrar's signature)

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 W. H. ... (M. D. or other)
Address 3470 East ... Date signed

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

MOTHER FATHER

Mr Emerson 9-11-58
3770 Eastern Ave
W 11-58

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 Richard W. Emerson
Licensed Embalmer No. 4007

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.