

FILED JAN 31 1945 318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days) 0

In this community 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Tarrant ⁹⁹⁹

(c) City or town Fort Worth ⁴¹
(If outside city or town limits, write "RURAL") ^{OR}

(d) Street No. 815 Main (If rural, give location) ²

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME OLETA MARY BURDINE

3. (b) If veteran, name war Nil

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 D.B. Burdine

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased April 16 1914
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1945 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from January 5, 1945, to January 21, 1945;
that I last saw her alive on January 21, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

Due to Transfusion Reaction on 1-17-45
(Lobectomy)

Due to Removal foreign body in left lower
lobe of lung (splinter)

Other conditions Bronchiectasis ^{10 yrs}
(Include pregnancy within 3 months of death)

9. Birthplace Ellis County Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name S.R. Meador

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

14. Maiden name Sarah C. Spears

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

16. (a) Informant C.B. Burdine

(b) Address Fort Worth, Texas

17. (a) Removal (b) Date thereof 1-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fort Worth, Texas

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

(b) Address 4700 Washington Blvd.

19. (a) JAN 22 1945 (b) J. F. Meador
(City, town, or county) (Registrar's signature)

Major findings: How and when this splinter entered the lung is not known.
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 FR Bradley (M. D. or NURSE)
Address Barnes Hospital, Date signed 1/21/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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FEB 16 1945

645
645

FEB 1 1945

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.....

John Agonovski

Licensed Embalmer No. *3398*

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.