

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11629  
Registrar's No. 3793

FILED MAY 12 1945  
Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4528 a Oakland  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Velma L. Oliver.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Harry 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased August 2 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 8 25 hr. min.

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

10. Usual occupation Cap Maker

11. Industry or business Premium Cap Co.

MOTHER FATHER

12. Name Grant Kemry

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

14. Maiden name Virgie Harvey

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

16. (a) Informant Harry Oliver  
(b) Address 4528a Oakland Ave.

17. (a) Burial (b) Date thereof 4 30 45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisiana, Mo.  
18. (a) Signature of funeral director Kriegshauser Und. Co.  
(b) Address 4228 So. Kingshighway Bl.

19. (a) APR 29 1945 (b) J. F. Braden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th  
year 1945 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 24 1945 to Apr. 27 1945  
that I last saw her alive on Apr. 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 5 Day

Due to.....  
Due to.....

Other conditions asthma 101  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy Same findings

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)  
Means of injury.....

23. Signature O. E. Williamson (M. D. or other)  
Address 6336 Clayton Road Date signed 4/28/45

6336 Cloughton Rd.

**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.....

*Edwin M. Bennett*

Licensed Embalmer No. 3024

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.**