S. No. 2
M—2-43
. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21281 0

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 1322

1. PLACE OF DEATH:

(a) County: ST. LOUIS

(b) City or town: CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CO HOSP 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 HR (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Scott 100

(c) City or town: Oran 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country: ✓

3. (a) PRINT FULL NAME: Charles Oliver

3. (b) If veteran, name war: no

3. (c) Social Security No. 492-16-7277

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Ada Oliver

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: Apr. (Month) 26, (Day) 1872 (Year)

8. AGE: Years 74 Months 1 Days 20 If less than one day hr. min.

9. Birthplace: Cranville (City, town, or county) Ind 1 (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

FATHER
12. Name: Curtis Oliver
13. Birthplace: Cranville (City, town, or county) Ind 1 (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs Ada Oliver 1
(b) Address: Oran Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Friend Cem. Oran Mo

18. (a) Signature of funeral director: HOWARD F. ROWLAND
(b) Address: 4355 WASHINGTON AV.

19. (a) 6-20-46 (Date received local registrar) (b) E. J. McTavan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from — 1944 to 6/16 1946 that I last saw him alive on 6/15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Endocarditis — Duration 9

Due to: 92 d

Due to:

Other conditions (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? (Specify type of place)
While at work? (e) Means of injury: 11

23. Signature: J. A. Cline (M. D. or other)
Address: Oran Mo Date signed 6/16/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 28 1957

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 Peter B. Dubroullet

Licensed Embalmer No. 3691

P. O. Address St Louis 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.