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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38498

Registrar's No. 10053

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5930 Ridge ave.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5930 Ridge Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NANNIE B. 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 widowed

6. (b) Name of husband or wife Hardy Oliver

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

7. Birth date of deceased December 10, 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Clinton, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business --

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Sarah Lusse

(b) Address 5930 Ridge Ave., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director C. Hoffmeister Colonial Mortuary

(b) Address 6464 Chippewa, St. Louis, Mo.

19. (a) 11-19-48 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18 year 1948 hour 6:55 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1-1941, 19..., to Nov 18-48, 19...; that I last saw her alive on Nov 3-1948, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiac Vat. Disease — Duration

Due to General Arterial Sclerosis

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

23. Signature Boyd L. Heid M.D. (M. D. or other)

Address 2739 N Grand Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. L. Heid
2741 North Grand
Franklin 5533

4-8

Nil

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 Harry J Schum ach

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.