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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 24 1949
REGISTRATION DISTRICT NO. 277
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42752
Registrar's No. 2984

Primary Registration District No. 3068

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: 7311 Glades Ave.
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(d) Street No. 7311 Glades Ave.
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3. (a) PRINT FULL NAME Olivia N. Bethel
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 25 year 1948 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 25 1948 that I last saw her alive on Dec 25 1948 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Allan L. Bethel
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 15 1883

Immediate cause of death Coronary Heart Disease
Duration 45 Min
Due to 61
Due to
Other conditions Diabetes - Pulmonary edema
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
65 11 10 hr. min.
9. Birthplace St. Louis Missouri
10. Usual occupation Housewife

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business Unknown Dewes
12. Name Unknown Dewes
13. Birthplace Unknown
14. Maiden name Mathilda Droege
15. Birthplace St. Louis Missouri
16. (a) Informant Allan L. Bethel
(b) Address 7311 Glades Ave.
17. (a) Entombment (b) Date thereof 12-29-48
(c) Place: burial or cremation Valhalla Mausoleum
18. (a) Signature of funeral director Albert F. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 12-28-48 (Date received local registrar)
(b) 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 Joseph Mc Neaney (M. D. or other) M.D.
Address 27368 Glades Date signed 12-27-48

Dr. McWierney

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:.....

Clark J. Shupe

Licensed Embalmer No.....

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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.