

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1949

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1003

State File No. 35451
8686

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> Mo				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>3 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4217 Juniata</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luthern Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4217 Juniata</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERIC</u> b. (Middle) <u>R.</u> c. (Last) <u>OLSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-7-1949 11/30AM</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 2-1912</u>	
9. AGE (In years last birthday) <u>37</u>		10. UNDER 1 YEAR (Months) <u>4</u>		11. UNDER 1 MRS. (Hours) <u>5</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesmann</u>		11. BIRTHPLACE (State or foreign country) <u>Calgary Alvierta Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Olson</u>		13b. MOTHER'S MAIDEN NAME <u>Carrie Olsen</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>489-09-8305</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Carrie Olson 4217 Juniata</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>					INTERVAL BETWEEN ONSET AND DEATH <u>20 mo.</u> <u>20 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>61</u>		21f. HOW DID INJURY OCCUR? <u>260X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>49</u> , to <u>October 7, 1949</u> , that I last saw the deceased alive on <u>Oct 7</u> , 19 <u>49</u> , and that death occurred at <u>11:30AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Rudolph W. M.D.</u>				23b. ADDRESS <u>3701 Grand St</u>		23c. DATE SIGNED <u>10-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>10-10-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Brematory</u>		24d. LOCATION (City, town, or county) (State) <u>St/ Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 9 1949</u>		REGISTRAR'S SIGNATURE <u>Jr B. Sater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingbermuehle 3819 S Grand Blvd</u>			

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

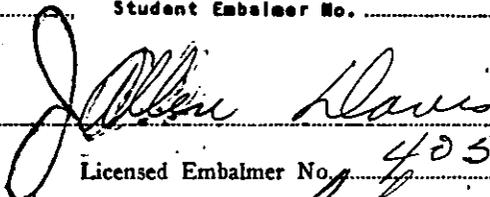
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed  _____

Licensed Embalmer No. 4053

P. O. Address Albion, 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.