

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42829

State File No.

FILED DEC 27 1949

Registrar's No. 10790

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No. 10790					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Mo. b. COUNTY St. Louis,									
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Chesterfield ⁷⁶							
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospt.				d. STREET ADDRESS (If rural, give location) W.C. Olive St. Rd. ⁰⁰¹									
3. NAME OF DECEASED (Type or Print) a. (First) Irens			b. (Middle)			c. (Last) Oliver			4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1949				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 19, 1893		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Winslow, Ariz. /				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles C. Jones				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Charles Oliver					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. A. Oliver, Chesterfield, Mo.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage								3 Wks			
		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arterial Sclerosis											
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19b. MAJOR FINDINGS OF OPERATION		Conditions contributing to the death but not related to the disease or condition causing death.											
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)				97			
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"/>				21f. HOW DID INJURY OCCUR? 231X							
22. I hereby certify that I attended the deceased from Aug. 2, 1949 , to Dec. 14, 1949 , that I last saw the deceased alive on Dec. 13, 1949 , and that death occurred at 11:20 PM , from the causes and on the date stated above.													
23a. SIGNATURE Henry F. Scott M.D.				(Degree or title)				23b. ADDRESS Ballwin Mo.				23c. DATE SIGNED Dec 15-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Dec. 17, 49		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory				24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. Mo.					
DATE REC'D BY LOCAL REG. DEC 15 1949				REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Theo. Schrader

Signed _____
Student Embalmer

Licensed Embalmer No. *3044*

P. O. Address *Balwin, Md.*

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.