

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34681
State File No. 1009
9005
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. b. COUNTY _____

b. CITY OR TOWN Louis MO c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write BURIAL and give township) St Louis 2229

d. FULL NAME OF HOSPITAL OR INSTITUTION _____

d. STREET ADDRESS (If rural, give location) 709 BARRY ST.

3. NAME OF DECEASED (First) Joseph (Middle) W. (Last) Oleman

4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 50

5. SEX Male

6. COLOR OF SKIN White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Apr 1900

9. AGE (In years last birthday) 50 Months _____ Days _____ Hours _____ Mins _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY Widow

11. BIRTHPLACE (State or foreign country) MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME W. K.

13b. MOTHER'S MAIDEN NAME W. K.

14. NAME OF HUSBAND OR WIFE W. K.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of dates of service) W. K.

16. SOCIAL SECURITY NO. W. K.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. E. Venter 300 Clark

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
DUE TO (b) 1. Pulmonary Congestion
DUE TO (c) 2. Cardiac Hypertrophy
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 3. Carcinosis of Liver

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION Tr. M. H.

20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 581.0

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.

23a. SIGNATURE _____ (Degree or title) _____

23b. ADDRESS _____

23c. DATE SIGNED 10/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify) (V)

24b. DATE OCT 24 1950

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State) Howland Missouri

DATE REC'D BY LOCAL REG. OCT 24 1950

REGISTRAR'S SIGNATURE J. B. Lauster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 4104 Manchester

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.....

Students of College of Mortuary Science

working under my personal supervision.

Student Embalmer No.....

Signed.....

James A. Lammers

Signed.....
Student Embalmer.

Licensed Embalmer No. *4142*

P. O. Address. *St Louis*

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.