

FILED SEP 13 1951 STANDARD CERTIFICATE OF DEATH

State File No. 28649
Registrar's No. 7783

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 16 OR TOWN St. Louis 2169	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3100 Potomac St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) Olive			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 8/31/51				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Mar. 16, 1883		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY ---			11. BIRTHPLACE (State or foreign country) St. Louis Co., Missouri			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles DuBois		13b. MOTHER'S MAIDEN NAME Anna Rose		14. NAME OF HUSBAND OR WIFE Georg Renz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME Georg Renz--3100 Potomac	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hepatitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cholecystitis; Cholelithiasis</i> DUE TO (c) <i>Cholecholelithiasis</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <i>8/28/51</i>	19b. MAJOR FINDINGS OF OPERATION <i>Cholecystitis Hydrope Gall bladder; Cholelithiasis; Cholecholelithiasis</i>		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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>584X</i>

22. I hereby certify that I attended the deceased from *Aug 25, 1951*, to *Aug. 31, 1951*, that I last saw the deceased alive on *Aug 31, 1951*, and that death occurred at *1:00 p m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert S. Mason, M.D.</i>		(Degree or title)	23b. ADDRESS <i>3606 Gravois</i>		23c. DATE SIGNED <i>9/1/51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9/4/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>	

DATE REC'D BY LOCAL REG. SEP 4 1951	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Helderk</i>	ADDRESS <i>3634 Gravois</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Embalmer No.

Signed Robert Wheeler

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address St Louis 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.