No. 300
10-48

FILED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6051 State File No. 32658

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3-0-58 Registrar's No. 197

920
3

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

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-St.Charles Twsp
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR 1 - St. Charles, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California
b. COUNTY: San Bernadino
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): X San Bernadino 8040
d. STREET ADDRESS (If rural, give location): 743 Bunker Hill Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): BENTHIN
b. (Middle): K.
c. (Last): OLSEN

4. DATE OF DEATH (Month) (Day) (Year): Sept 16, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb 26, 1900
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner - Wholesale
10b. KIND OF BUSINESS OR INDUSTRY: Meat Business
11. BIRTHPLACE (State or foreign country): Denmark 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Chris Olsen
13b. MOTHER'S MAIDEN NAME: Agnes Karll
14. NAME OF HUSBAND OR WIFE: Helga Olsen (Dec'd 1950)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 507-07-2034
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Miss Toni Olsen(Dtr)San Bern. Calif.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen Arteriosclerosis unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased* dead *alive on* Sept 16, 1952 *and that death occurred at* 7:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. P. Erick Schulz, Deputy Health Commissioner
23b. ADDRESS: St Charles Mo
23c. DATE SIGNED: 9/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 9/16/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): San Bernadino, California

DATE REC'D BY LOCAL REG.: 9-17-52
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H. C. Dallmeyer & Sons — H. C. DALLMEYER & SONS ST. CHARLES, MO.

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1953

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.

Student _____
Student Embalmer

Signed J Wm Binsley

Licensed Embalmer No. 3653

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.