

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10023

State File No.

FILED APR 14 1955

318

1003

2969

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's 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 (If outside corporate limits, write RURAL and give town) St Louis | | c. LENGTH OF STAY (In institution) 8 hrs. | | c. CITY OR TOWN St Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | | STREET ADDRESS (If rural, give location) 2 4741 Hemburg | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lilly | | b. (Middle) _____ | | c. (Last) Olmsted | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 1, 1955 | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | | 8. DATE OF BIRTH Jan 17, 1882 | |
| 9. AGE (In years last birthday) 73 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) / Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME David Westlund | | 13b. MOTHER'S MAIDEN NAME Christine Hedman | | 14. NAME OF HUSBAND OR WIFE Harry Olmsted (deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester Olmsted 8016 Brittin | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hematoma ANTECEDENT CAUSES suffered in fall from side of head to street in front of about 4737 Hemburg Ave., DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS about 7:20 p.m. March 31st 1955. Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION Accident | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo | | 21f. HOW DID INJURY OCCUR? E9025 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 31 55 7:20 p.m. | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 235A m., from the causes and on the date stated above. 44 | | | |
| 23a. SIGNATURE James M Kelly (Department title) _____ | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 4-7-55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4/3/55 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Littleton, Colorado | |
| DATE REC'D BY LOCAL REG. APR 2 1955 | | REGISTRAR'S SIGNATURE J Carl Smith 318 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sone 7027 Gravois | | | |

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..

Student.....
Signature of Student Embalmer

Signed *C. V. Kidwell*.....

Licensed Embalmer No. *3877*

P. O. Address *7027 Gra*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.