

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31301
State File No. 7964
Registrar's No.

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | a. STATE <u>Illinois</u> | b. COUNTY <u>Madison</u> |
| c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Douglas</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------------|-------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>MELBA</u> | b. (Middle) | c. (Last) <u>OLIVE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10, 1955</u> |
|-------------------------------------|-------------------------|-------------|------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|------------------------|------------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 14, 1898</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) / <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Fred Spies</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Karges</u> | 14. NAME OF HUSBAND OR WIFE <u>Gordon Olive</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Gordon Olive</u> | ADDRESS <u>New Douglas, Ill.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor suspect. Not verified</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Approx. 2 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypopituitarism</u> DUE TO (c) <u>Hypovolemia</u> | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broncho pneumonia</u> | | |

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| 19a. DATE OF OPERATION <u>8-9-55</u> | 19b. MAJOR FINDINGS OF OPERATION <u>negative respiratory craniotomy</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 8-9, 1955, to 9-10, 1955, that I last saw the deceased alive on 9-9, 1955, and that death occurred at 1-2 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Thorp E. Rouben MD</u> | 23b. ADDRESS <u>3700 Washington Ave.</u> | 23c. DATE SIGNED <u>9-10-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>9-10-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | 24d. LOCATION (City, town, or county) (State) <u>New Douglas, Ill.</u> |
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| DATE REC'D BY LOCAL REG. <u>SEP 10 1955</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> | ADDRESS <u>4700 Washington Blvd.</u> |
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(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.

Student
Student Embalmer

Signed E. J. Remelius

Licensed Embalmer No. 4283

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.