

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3191

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 226

1. PLACE OF DEATH a. CITY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	
c. LENGTH OF STAY (in this place) <u>15</u>		d. STREET ADDRESS (If rural, give location) <u>222 S. Meramec</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>222 S. Meramec</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Florence</u> b. (Middle) <u>L</u> c. (Last) <u>Olderworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>May 1, 1901</u>		9. AGE (In years last birthday) <u>54</u>		10. F UNDER 1 YEAR: Months <u>8</u> Days <u>21</u>	
11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretarial work</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Daily Record</u>		11. BIRTHPLACE (State or foreign country) <u>Clayton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Walter T. Olderworth</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Mayer</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence M. Olderworth, Clayton Mo.</u>	

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) <u>Cerebral hemangioma, left cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>over 3 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u>		<u>4 days</u>	

19a. DATE OF OPERATION <u>December 5, 1955</u>		19b. MAJOR FINDINGS OF OPERATION <u>See diagnosis (a) above. Lesion could not be removed</u>		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) (m.)		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 10 January 1956, to 22 Jan, 1956, that I last saw the deceased alive on 21 Jan, 1956, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jules Barrow M.D.</u>		23b. ADDRESS <u>110 S. Central, Clayton 5</u>		23c. DATE SIGNED <u>24 Jan 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp Inc Kirkwood Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-24-56</u>		REGISTRAR'S SIGNATURE <u>Richard R. Dombke M.D.</u>		ADDRESS <u>Louis H. Bopp Inc Kirkwood Mo.</u>	

(Licensed Funeral Director'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

Felix Durand

Licensed Embalmer No. *3034*

P. O. Address *Sturwood St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.