

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28931**  
Registrar's No. **7024**

FILED SEP 6 1956

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>24 3839a Pennsylvania</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BESSIE</b> b. (Middle) c. (Last) <b>OLBEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July, 27, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March, 8, 1907</b>
9. AGE (In years last birthday) <b>49</b>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Washington County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Lee Jolly</b>	
13b. MOTHER'S MAIDEN NAME <b>Rose</b>		14. NAME OF HUSBAND OR WIFE <b>Harry Olben</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>498-01-9015</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Harry Olben</b>		ADDRESS <b>3839a Pennsylvania</b>	
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) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial infarction</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatic heart disease with auricular fibrillation; Mitral Stenosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>5 1/2 hrs</b>		1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. <b>331x</b>	
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?			
22. I hereby certify that I attended the deceased from <b>7/24, 1956</b> , to <b>7/27, 1956</b> , that I last saw the deceased alive on <b>7/26, 1956</b> , and that death occurred at <b>1:08</b> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Edw. W. Czuchra M.D.</b>		23b. ADDRESS <b>3701 Grandblvd</b>	
23c. DATE SIGNED <b>7/28/56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>7/30/56</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUL 30 1956</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CHULICK UND. CO. 1722 S. Jefferson</b>	
REGISTRAR'S SIGNATURE <b>Earl Smith</b>		ADDRESS <b>CHULICK UND. CO. 1722 S. Jefferson</b>	

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 Francis J. Wyland Jr.

Licensed Embalmer No. 4512

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.