No. 300
10.48

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

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44380

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 3057

1. PLACE OF DEATH
a. COUNTY: St. Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pine Crest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN: E. St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 555 Collinsville Ave 8 2 8

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Earl
c. (Last): O'Dell

4. DATE OF DEATH (Month) (Day) (Year): Dec. 24 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 24 1877
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and State or Foreign Country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James O'Dell
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Clara

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.: 348 05 2474A
17. INFORMANT'S SIGNATURE OR NAME: James W. O'Dell — **ADDRESS**: 318 H Waterleit Aberdeen Maryland

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ARTERIOSCLEROSIS — ?
DUE TO (c): SENILITY — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: NONE

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: —
4221
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* MAY 1, 1956, *to* DEC. 24, 1956, *that I last saw the deceased alive on* DEC 24, 1956, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: R.R. Loving, M.D. (Degree or title)
23b. ADDRESS: BALLWIN, Mo.
23c. DATE SIGNED: 12-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Dec 27 56
24c. NAME OF CEMETERY OR CREMATORY: St. Matthew
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 12-26-56
REGISTRAR'S SIGNATURE: Herbert B. Donke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: E.J. Schnur — **ADDRESS**: 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. Wollmer

Licensed Embalmer No. 4017

P. O. Address 3125 Fay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.