

Securing the medical certification in the specified manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

45607

STATE FILE NUMBER

10593

Registration District No.

Primary Registration District No.

Registration No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		c. CITY OR TOWN Lemay 4870	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS 115 Weiss Ave.	
3. NAME OF DECEASED (Type or print) OLIVIA ^{First} M. ^{Middle} BENEDICK ^{Last}		4. DATE OF DEATH Nov. 4, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 2, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo
13. FATHER'S NAME Albert Seitrich		14. MOTHER'S MAIDEN NAME Anna Boeker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT Edward Benedick, 115 Weiss Ave.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Meningitis, acute, purulent. DUE TO (b) Sub acute Bacterial Endocarditis (Emboli) DUE TO (c) Influenza Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days? ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Influenza			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Oct 26-57 to Nov 4 57 and last saw her ^{her} from alive on Nov 4 57 Death occurred at 1:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Leo Mendis MD (Degree or title)		22b. ADDRESS 1000 Telegraph Lemay Mo	
22c. DATE SIGNED Nov 3, 57			
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 11/8/57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jeff Brks, Mo.
24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan Ave.		25. DATE RECD. BY LOCAL REG. NOV 7 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD

Dr. Trunko - 2 PM Thurs.

MISSOURI

Legal

St. Louis, Mo.

Lafayette Hospital 1 day 1215 Olive Ave.

Nov. 4, 1957

DECEASED

OLIVIA

SS

AGE 8, 1908

White

Female

USA

St. Louis, Mo.

At Home

Residence

Anna Becker

Albert Seitzer

Edward Benedict, 115 West Ave.

None

No

No

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 *W. G. Peterson*

Licensed Embalmer No. 376

P. O. Address 7420 Mich

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.

Lafayette Hospital, 1215 Olive Ave.