

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034564

STATE FILE NUMBER

8220

FILED SEP 22 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hosp.		Length of stay in lb 5 1/2 Weeks	d. STREET ADDRESS (If outside, give location) 7437 Hiawatha Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MR. EDWARD ESTEN CRATER OLSEN			4. DATE OF DEATH Month Day Year August 22, 1958		
5. SEX M. c	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 14 1891		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Dispatcher		10b. KIND OF BUSINESS OR INDUSTRY Auto Club of Mo. Chicago, Illinois	11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Edward John Olsen		13b. MOTHER'S MAIDEN NAME Margaret Webber		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-36-8806		17. INFORMANT Address Miss Margaret Clara Olsen: 7437 Hiawatha	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION DUE TO (b) CORONARY THROMBOSIS DUE TO (c) CORONARY ARTERIO SCLEROSIS 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS, PROSTATIC HYPERTROPHY					INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 19. WAS AUTOPSY PERFORMED? 1 YES** NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 July 14, 1958 to PRESENT and last saw him alive on 8-21-58 Death occurred at 8:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert C. Knigge MD			22b. ADDRESS #14 Forsyth Walk		22c. DATE SIGNED 8/22/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/25/1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar Bl.			25. DATE RECD. BY LOCAL REG. AUG 25 '58		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

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 *James E. McCulloch*

Licensed Embalmer No. *2460*
P. O. Address *6150 Polk*

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.