

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042057

STATE FILE NUMBER

9886

FILED NOV 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>FERGUSON 4/19</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEWISH HOSP.</b>		Length of stay in lb <b>2 WKS</b>	d. STREET ADDRESS (If outside, give location) <b>461 PLAZA</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EDNA</b> Middle <b>GAGE</b> Last <b>OLSON</b>			4. DATE OF DEATH Month <b>OCT.</b> Day <b>14</b> Year <b>1958</b>		
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5. SEX <b>F.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV 18, 1907</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAB TECHNICIAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	11. BIRTHPLACE (City and state or country) <b>ASHEVILLE, N.C.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILL HENRY MORROW</b>	13b. MOTHER'S MAIDEN NAME <b>EDNA GAGE</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES OLAF OLSON</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>2 42-36-8474</b>	17. INFORMANT <b>MARY STOREY (SISTER)</b>	Address <b>ASHEVILLE, N.C.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CIRRHOSIS OF LIVER</b>		INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b>
DUE TO (b) <b>581.0F</b>		
DUE TO (c)		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>FRACTURES OF LEFT ELBOW AND HIP.</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input checked="" 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.) <b>TRIPPED IN HOME</b>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>SEPT 26, 1958</b> p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>27 HOME</b>	20f. CITY, TOWN, OR LOCATION <b>FERGUSON</b>	COUNTY <b>ST. LOUIS</b>	STATE <b>MO.</b>
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21. I attended the deceased from 9/29/58 to 10/14/58 and last saw her alive on 10/14/58  
Death occurred at 2:30 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Robert S. Kamm, M.D.</b>	22b. ADDRESS <b>15 N. Brentwood, Clayton, Mo</b>	22c. DATE SIGNED <b>10/14/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10-16-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marshall, North Caroline</b>
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24. FUNERAL DIRECTOR <b>WHITE-MULLEN</b>	ADDRESS <b>118 N. FLORISSANT</b>	25. DATE RECD. BY LOCAL REG. <b>OCT 16 '58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith mo mjb.</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

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 *Gustav W. [Signature]*

Licensed Embalmer No. *4329*  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.