

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042866

STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Charles 1st		Length of stay in 1b 3 Mo. 26 1/2	d. STREET ADDRESS (If outside, give location) 3437 Williams Pl. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nursing Home Last William C. Olive		4. DATE OF DEATH Month 11 Day 5 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1872
9. AGE (In years last birthday) 85		10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Leschen Rope	11. BIRTHPLACE (City and state or country) Portland, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lillie Olive	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unk	17. INFORMANT Ralph A. Olive, 2144 Esther Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2040			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 7-26-58 4:40 A.M. to 11-5-58 and last saw ^{her} him alive on 11-4-58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John A. Schinnerer M.D.		22b. ADDRESS 35 N. Central Chester, Mo	22c. DATE SIGNED 11-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/7/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) St. Louis County, Mo.		24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.	
25. DATE RECD. BY LOCAL REG. 11-6-58		26. REGISTRAR'S SIGNATURE Herbert A. Dumble M.D.	

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

Dr. John Skinner
35 N. Central
Pa 6-0683
Hrs. Thurs. 2:30-5

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 *Robert P. Thompson*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.