

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**FILED VS AUG 3 1959**

**59-027028**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 6732**

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, <del>Emery</del></b> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>St. Louis,</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>8707 S. Grand Blvd</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Gustave A Olson</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>July 14 59</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12-7-1879</b>	<b>9. AGE (last birthday)</b> <b>79</b>	<b>IF UNDER 1 YEAR</b> IF UNDER 24 HR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>retired</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Bush-Selzer</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Wisconsin.</b>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA.</b>		<b>13a. FATHER'S NAME</b> <b>Anton Olsen</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unk.</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Gretta Olsen.</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____			
<b>16. SOCIAL SECURITY NO.</b> _____			<b>17. INFORMANT</b> Address <b>Greta Olsen, 8707 S. Grand Blvd.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b> DUE TO (b) <b>Thrombus from lower extremity</b> DUE TO (c) <b>Post operative Prostatectomy</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>610x</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <b>6/23/59</b> to <b>7/14/59</b> and last saw him alive on <b>7/14/59</b> Death occurred at <b>10 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <b>L.M. Cronberg M.D.</b>			<b>22b. ADDRESS</b> <b>4652 Mayland Ave</b>		<b>22c. DATE SIGNED</b> <b>7/16/59</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>23b. DATE</b> <b>July 17 59</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove.</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, County</b>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Southern Funeral Home.</b> <b>6322 S. Grand Blvd.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>JUL 20 59</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>Earl Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Arenberg.  
4659 Maryland. Fo.7-5661 Office.  
1PM-4PM Thur. Fo.1-0129 Home.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David Van Fossan.

Licensed Embalmer No. 7242

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.