URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038413

STATE FILE NUMBER

FILED VS NOV 16 1959

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 2844

ENDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Webster Groves — Length of stay in this place: At home YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 715 Dale Ave. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 715 Dale Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First HJALMAR Middle Last OLSON

4. DATE OF DEATH: Month Oct. Day 26 Year 1959

5. SEX: M
6. COLOR OR RACE: F
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-2-81
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Sweden
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Bangdt Olson
13b. MOTHER'S MAIDEN NAME: Inga --------
14. NAME OF HUSBAND OR WIFE: Hansina Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Mildred Kochendorfer Jackson Address: 144 E.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carbon monoxide poisoning, presumably accidental, modified by severe coronary arteriosclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Carbon monoxide inhaled while subject was asleep and motor of his car was accidentally left on in garage underneath bedroom
20c. TIME OF INJURY: Hour 10:30 a.m. ~~p.m.~~ Month, Day, Year 10/26/59 body found
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): bedroom of home
20f. CITY, TOWN, OR LOCATION: Webster Groves COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Harris (Degree or title): Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 11/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-28-59
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood, Mo.

24. FUNERAL DIRECTOR: Parker-Aldrich, Webster Groves ADDRESS
25. DATE RECD. BY LOCAL REG.: 10-27-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leslie Hatch

Signature of Student Embalmer

Licensed Embalmer No. 439

P. O. Address Webster Gro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.