

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
38485

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **13anne Hopewell**) St. Ward)

File No.
 Registered No. **11161**

2. FULL NAME

Elmer O'Dell
 (a) Residence. No. **1320^a Goodfellow** St., **5** Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary A. Fanning Odell**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 16-1897**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	50	4	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Laborer**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer **Fisher Body Co.**

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) **Nebraska**

10. NAME OF FATHER **Frank O'Dell**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY) **Unknown**

12. MAIDEN NAME OF MOTHER **Emma Matthews**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Bernard O'Dell**
 (Address) **1320^a Goodfellow**

15. FILED **11 1927** **Man E. Starkeoff**
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 12 1927**

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at **1:50 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
**Shock & Lacerations
 Crushed Rib, Struck
 + Run over by Auto
 in St. Louis**

CONTRIBUTORY (SECONDARY) **Criminal Carelessness**
 (duration) yrs. mos. ds.

18. WERE THERE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? **1880**

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) **John Dever**, M.D.
13/4 27 (Address) **Deputy Coroner**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Cemetery** DATE OF BURIAL **Dec 14 1927**

20. UNDERTAKER **Callum Bros 1700 N Grand Bl** ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

