

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

Do not use this space.

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**1. PLACE OF DEATH**

11 County Buchanan Registration District No. 1001  
 5 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 9 City St. Joseph (No. 419 North 15 street) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 15776  
 Registered No. 505

**2. FULL NAME Frank Geo. Olschewski**

(a) Residence, No. 415 North 15 street St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Gardener  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

13. NAME John Olschewski

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Miss Rose Nienaber (ADDRESS) 419 North 15 st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery PLACE St Joseph Mo. DATE May 17, 1933

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 5-16-1933 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1933, to May 15, 1933

I last saw him alive on May 15, 1933. Death is said to have occurred on the date stated above, at 12:05A m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocardial insufficiency  
930  
 Other contributory causes of importance: none  
9310

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chorea Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? l Date of injury l, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Christav J. Ten, M. D.  
 (Address) St Joseph Mo

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.

JUN 20 1933

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