

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

Do not use this space.

1. PLACE OF DEATH

96 County St. Louis Registration District No. 1170
 7 Township Central Primary Registration District No. 6248 H.D.
 City Richmond Heights No. 1020 Commodore Ave. St. _____ Ward _____

File No. 17782
 Registered No. 92
 St. _____ Ward _____

2. FULL NAME

Ardie Odell
 (a) Residence, No. 1020 Commodore Ave. Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paula Busch Odell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28 - 1885</u>		
7. AGE YEARS <u>48</u>	MONTHS <u>2</u>	DAYS <u>18</u> IF LESS THAN 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drug Salesman</u>		
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) <u>Ill.</u>		
13. NAME <u>Wm Odell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Wm. Odell, 1020 Commodore Ave., Richmond Heights</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Mr.</u> DATE <u>5-8</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Louis H. Bopp, Kirkwood Mo.</u>		
20. FILED <u>5/5</u> 19 <u>33</u> <u>Rott J. Amburster</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 1927 to May 6, 1933
 I last saw him alive on about 30 days ago Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
over 6 yrs ago
chronic myocarditis
930
 Other contributory causes of importance:
BCU

Name of operation none Date of _____
 What test confirmed diagnosis? rusty catheter Was there an autopsy? no

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

Nature of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. R. Parman M. D.
 (Address) 390 3 Olive St.

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.

RECORD THIS IS A PERMANENT RECORD

MAY 23 1933

MOTHER FATHER 60 9 2 1 1