APR 11 1936

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

Do not use this space.

13083

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. ....., Isolation Hosp. St. ..... Ward)

File No. .....

Registered No. 3154

2. FULL NAME Mary Catherine O'Dell

(a) Residence, No. 8757 Natural Bridge St., NR Ward. Pine Lawn Mo.
(Usual place of abode) (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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph H. Odell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-10-1856

7. AGE: YEARS 79 MONTHS 4 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H Busewife

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): Illinois Clay County

FATHER

13. NAME: Edward Walburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: Louisa Kneef

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): A. E. Reilly 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE: Flora Ill DATE: 3/24 1936

19. UNDERTAKER (ADDRESS): Albert H Hoppe 429 N. Euclid

20. FILED MAR 23 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1936, to Mar. 23, 1936

I last saw her alive on Mar. 23, 1936. Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

Erysipelas facial
Post-Operative:
Cerebrebral hemorrhage 53

Date of onset

Other contributory causes of importance:

Carcinoma of Parotid.

Name of operation: Excision of Rt parotid Date of 2-26-36

What test confirmed diagnosis? Clinical 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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry J. Ulrich M.D.

(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.