

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32635

Do not use this space.

8689

1. PLACE OF DEATH

(a) County..... Registration District No. 781
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 5047 Cabanne Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Civita Oliver

(a) Residence, No. 1714a Arlington Ave. St. 6
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) May 5, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as 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) Manila, (STATE OR COUNTRY) Arkansas

13. NAME James A. Oliver

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Reynolds

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Thomas J. Gallif (sister) (ADDRESS) 1714a Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 9-17-37

19. FUNERAL DIRECTOR Oscar J. Hoffmeister (ADDRESS) 4016b Chippewa Str.

20. FILER SEP 16 1937 J. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13/ 19 37

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:05 P.M.

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

Cyanide Potassium Poison, self administered, at 5047 Cabanne Ave., on Sept. 13, 1937, at about 6:06 P.M.

Other contributory causes of importance:

Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 9/13/1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In 5047 Cabanne Ave.

Manner of injury..... See Above.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify..... (Signed) Alfred Perry

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leibinger, Licensed Embalmer No. 3888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Edwin H. Leibinger

No. 3888 or by....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Edwin H. Leibinger

Licensed Embalmer No. 3888

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)