

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Joseph Hosp

Registration District No. 257
Primary Registration District No. 3036

File No. 35137
Registered No. 196

2. FULL NAME LOUISA OLENBORFF.

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 68 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF F. S. Olenborff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 7 16

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

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) 9-19-37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters Mo

13. NAME John Pfaff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters Mo

15. MAIDEN NAME Zett

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

17. INFORMANT (ADDRESS) F. S. Olenborff

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Mo DATE 9-22-37

19. UNDERTAKER (ADDRESS) Geo. Stiefvater St. Peters Mo

20. FILED 9/20 1937 Clarence B. Mesler Registrar?

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19-37, 1937

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest, 19-19-37, 1937

I last saw h. _____ alive on _____, 1937. Death is said

to have occurred on the date stated above, at 12.30 PM
The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____

Burns 1st 2nd 3rd degree.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-19-37

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

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

Manner of injury Clothing ignited from Coal Oil
Stove.
Nature of injury Entire body burned.

24. Was disease or injury in any way related to occupation of deceased? YES.
If so, specify Cooking at Coal Oil Stove.

(Signed) John B. Buzze
(Address) Coroner, St. Charles, Co., Mo.

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.

