

DEC JAN 11 1939

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

41373
Do not use this space.

1008

11065

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis, Missouri Street No. 32 City Sanitarium St.
 (e) Length of residence in city or town where death occurred 32 yrs. 7 mos. 22 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Katherine Agnes Odum

(a) Residence, No. 3853 Lindell Blvd. St. 19
 (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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 8 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
 9. Industry or business in which work was done, as saw mill, bank, etc. Stenographer
 10. Date deceased last worked at this occupation (month and year) About Jan. 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME Thomas Odum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

15. MAIDEN NAME Agnes Johnson

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

17. INFORMANT (ADDRESS) Henry C. Gehrand M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE DEC 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. M. MULLIEN 5165 DEKMAR.

20. FILED DEC 25 1939 J. D. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-38, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, 19, to 12-23-38, 19.

I last saw her alive on 12-23-38, 19. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Pulmonary Tuberculosis 7-1-38-x

Other contributory causes of importance:
Chronic Endocarditis 7-1-38-x

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? 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 Henry C. Gehrand, M. D.
 (Signed)

(Address) 5300 Arsenal 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Howard Rowland*

Licensed Embalmer No. *3114*

P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.