FEB 10 1939 REC'D MAR 9 1939

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

7871
Do not use this space.

96

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784

(b) Township Primary Registration District No. 200 Registered No. 238

(c) City Wellston 1 (d) Street No. 6504 Ridge 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 351 Julia Odenbach.

(a) Residence, No. 6504 Ridge Ave. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Odenbach.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	10	17	

OCCUPATION

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

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) (STATE OR COUNTRY) Belleville, Illinois.

FATHER

13. NAME Dont Know. 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know. 9

MOTHER

15. MAIDEN NAME Dont know. 1

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

17. INFORMANT (ADDRESS) Mr. William Odenback. 6504 Ridge Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem DATE Feb. 13, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Pleitsch Inc. 5966 Easton Ave.

20. FILED FEB 10 1939 D. R. Meyer M.D. Local Registrar. 9/39

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Febr 4, 1939, to Febr 9, 1939
I last saw her alive on Febr. 9, 1939 Death is said to have occurred on the date stated above, at 11.45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Feb 9, 39

82 W1

Other contributory causes of importance:
Hypertension

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

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) T J Kemp, M. D.
(Address) 4503 Washington

(Licensed Embalmer's Statement on Reverse Side)

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, 3454 David C. Gibson, or by .....

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address St Louis Mo.

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

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