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JAN 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40337

Registration District No. 7917

Primary Registration District No.

Registrar's No. 10108

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 day
(Specify whether _____)
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Clara Odell

3. (b) If veteran, name war. ---- 3. (c) Social Security No. 489-09-7680

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James E. Odell 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 5, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>2</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Garment Worker

11. Industry or business Unemployed

12. Name William Schoener

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Schmale

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Odell
(b) Address 3311 S. 7th St.

17. (a) Burial (b) Date thereof 12/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wacker-Helderte
(b) Address 2331 S. Broadway

19. (a) DEC 9 1940 (b) J. N. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2614 Potomac St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

no attending physician

20. DATE OF DEATH: Month Dec. day 7 year 1940 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage into pons, Hypertensive vascular disease.

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 5

23. Signature Joseph W. Bredebeck (M. D. or other) 5
Address _____ Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

Robert C. Wheely

Licensed Embalmer No.

2178

P. O. Address

St. Louis Mo.

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

If this body is not embalmed, fact should be so stated above.