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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

665

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 665

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Days  
(Specify whether  
In this community 70 years  
years, months or days)

3. (a) PRINT FULL NAME Minnie Odlum

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased unknown unknown 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 -- -- .. hr. min.

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

10. Usual occupation housework

11. Industry or business.....

MOTHER FATHER { 12. Name Christ Odlum  
13. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Bracken  
15. Birthplace unknown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Odlum  
(b) Address 2510a Garrison Ave

17. (a) Burial (b) Date thereof Jan. 22,  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Galvary Cemetery

18. (a) Signature of funeral director Joseph J. Bruck  
(b) Address 2228 St. Louis Ave

19. (a) JAN 21 1941 (b) J. T. Bruck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis 20  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 2213 (rear), Benton St  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19,  
year 1941 hour 2:15 minute..... P. A. M.

21. I hereby certify that I attended the deceased from January  
7, 19 41, to January 19, 19 41,  
that I last saw h. or alive on January 19, 19 41,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN Underline the cause to which death should be charged statistically.

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.....

23. Signature M. Carley (M. D. or other) 1/20/41  
Address 1515 Lafayette Avenue Date signed

**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

*Charles Goodrich*

Licensed Embalmer No. *2777*

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, fact should be so stated above.**