

FILED AUG 28 1941

Registration District No. 709

Primary Registration District No. 1003

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: ST. LOUIS CHILDRENS HOSP
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify number)
In this community 5 days
years, months or days)

3. (a) PRINT FULL NAME DEWEY DEE O'DELL

3. (b) If veteran, name war L 3. (c) Social Security No. L

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 5

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

7. Birth date of deceased July 17 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 5 If less than one day hr. _____ min. _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name CLIFTON B. O'DELL

13. Birthplace PIEDMONT MO
(City, town, or county) (State or foreign country)

14. Maiden name ELECT SMITH

15. Birthplace WEST PLAINS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Clifton B. O'Dell

(b) Address 3922 Jennings RD

17. (a) BURIAL (b) Date thereof July 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. LEBANON CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 Natural Bridge

19. (a) JUL 23 1941 (b) J. H. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")
(d) Street No. 3922 Jennings RD
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22
year 1941 hour 4 minute 50 M.

21. I hereby certify that I attended the deceased from 7-18 to 7-22 1941
that I last saw him alive on 7-22 1941
and that death occurred on the date and hour stated above.

Immediate cause of death probable renal insufficiency Duration ?

Due to infected bladder 3d.

Due to atrophy of bladder 4d.
congenital malformation

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

Major findings: Of operations 1st
Of autopsy 1st

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) Means of injury _____

23. Signature J. H. Braddock (M. D. or other) D

Address 10 Dr. King Date signed 7-22-41

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

00
17
9

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.....

Guy W Wilkinson

Licensed Embalmer No..... *3575*

P. O. Address.....

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.