

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 36 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 7.00x

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5444 Ruskin Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto Olms

3. (b) If veteran, name war None

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Katherine Olms nee Surber (c) Age of husband or wife if alive 61 years

7. Birth date of deceased June 2, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Cement finisher

11. Industry or business _____

MOTHER FATHER { 12. Name Fredericks Olms

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

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Katherine Olms

(b) Address 5444 Ruskin Ave

17. (a) Burial (b) Date thereof 2/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 1942-27-1942 (b) J F Bredect
(Date of issue) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25, year 1942 hour 9:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Feb 18, 1942 to Feb 25, 1942
that I last saw him alive on Feb 25, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration - ?

Due to _____

Due to _____

Other conditions Bronchopneumonia 1 week
(Include pregnancy within 3 months of death)

PHYSICIAN [Signature]

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)

(c) Means of injury _____

23. Signature John G. M. Jurey (M. D. or other) MD
Address 5014 Thetela Ave Date signed 2/26/42

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

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 William G. Buchholz

Licensed Embalmer No. 2110

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.