

Filed AUG 6 1942

Primary Registration District No. 1003

Registrar's No. 6306

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

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5452a St. Louis Ave.**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Dorris Jean Olive**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **24**
 year **1942** hour **7:** minute **30** A. M.
 21. I hereby certify that I attended the deceased from **July 10** 19**42** to **July 24** 19**42**
 that I last saw her alive on **July 24** 19**42**
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife..... **Charles Olive**
 6. (c) Age of husband or wife if alive **31** years
 7. Birth date of deceased..... **Febr. 13 1911**
(Month) (Day) (Year)

Immediate cause of death **Acute Yellow Atrophy of Liver**
 Duration **2 wks.**
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy **Acute Yellow Atrophy of Liver**

8. AGE: Years Months Days If less than one day
31 5 11 hr. min.
 9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**
 11. Industry or business.....
 12. Name **Unknown**
 13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Olive**
 (b) Address **5452A St. Louis Ave.**
 17. (a) **Burial** (b) Date thereof **7-27-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park Cem.**
 18. (a) Signature of funeral director **Drehmann-Harral**
 (b) Address **1905 Union Blvd.**
 19. (a) **JUL 27 1942** **J. F. Brudeck**
(Date received local burial) (Registrar's signature)

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 **Med J. Curran** (M. D. or other) **MD.**
 Address **5735 N. Belmont** Date signed **7-24-42**

Mr. Wallace EV. 6887
5739 W. Flamingo
11-130 + 6-8 PM

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 Albert R. Thompson Jr
Licensed Embalmer No. 4237
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.