

FILED NOV 6 1942

1003

8915

Registration District No.

Primary Registration District No.

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. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 1/2 hours (Specify whether
In this community 4 1/2 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macon
(c) City or town Decatur 11 NR.
(If outside city or town limits, write "RURAL")
(d) Street No. 1709 W. Forest Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Paul Kenneth Olson

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

4. Sex male 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

7. Birth date of deceased October 25 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 30 min.

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

10. Usual occupation nihel

11. Industry or business

MOTHER FATHER { 12. Name Eldred K. Olson
13. Birthplace Ponda Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ruth Eva Barnes
15. Birthplace Crawfordsville Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Eldred K. Olson
(b) Address Decatur, Illinois

17. (a) Burial (b) Date thereof 10/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J. M. White
(b) Address 118 N. Florissant Rd. Ferguson, Mo.

19. (a) OCT 27 1942 (b) J. F. Brebeck
(Date local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25th
year 1942 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10/25 1942 to 10/25 1942
that I last saw him alive on 10/25/42 and that death occurred on the date and hour stated above.

Immediate cause of death Premature infant, delivered at 8 months

Due to Premature infant

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

Signature Edgar F. Schmitz (M. D. or other) M.D.
Address 501 Metropolitan Bldg. Date signed 10/26/42

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 *R. E. White*

Licensed Embalmer No. *3973*

P. O. Address *Jerguson, 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.