. S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34860

State File No.

Registration District No. 184 Primary Registration District No. 20D Registrar's No. 2166

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Adm. 10/7/42. In this community: since 10/7/42.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County:
(c) City or town: Carlinville,
(If outside city or town limits, write "RURAL")
(d) Street No.: 616 East First South Street.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: James Oscar Odell
3. (b) If veteran, name war: World War - 1918
3. (c) Social Security No.: 497-07-0755 ~~yes - not remembered~~
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married.
6. (b) Name of husband or wife: Stella
6. (c) Age of ~~husband or~~ wife if alive: 45 years
7. Birth date of deceased: Abt. October (Month) 8, (Day) 1897 (Year)

8. AGE: Years: About 45 Months: - 0 Days: 8 If less than one day: hr. min.

9. Birthplace: Shannon County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: -

FATHER
12. Name: George Odell
13. Birthplace: (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Elozabeth Smith
15. Birthplace: (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant: Alice Delaney
(b) Address: Actg. Clinical Clerk, VAF, Jeff. Bks, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Oct. 20-42 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEMETERY
18. (a) Signature of funeral director: C. Hoffmeister Undt. Co.
(b) Address: 7814 S. Broadway
19. (a) OCT 19 1942 (Date received local registrar) (b) C. G. McLaughlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th, year 1942, hour 8:00 minute P. M.
21. I hereby certify that I attended the deceased from October 7, 1942, to October 16, 1942, that I last saw him alive on October 16, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Edema, cerebral, alcoholic.	Approx. 10 days
Due to: Psychosis, intoxication, Korsakoff's, alcoholic.	Unknown
~~Due to:~~	
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings:
Of operations: -
Of autopsy: No 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L. M. SOCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer. Date signed: 10/17/42

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas C. Dill, Registered Apprentice No. 335

working under my personal supervision.

Signed Lincoln C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.