V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35764

FILED NOV 16 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9329

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: Park Lane Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 6504 Ridge Ave.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM ODENBACK.

3. (b) If veteran, name war None

3. (c) Social Security No. 489-07-7494

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Julia Odenback.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased January (Month) 3, (Day) 1883. (Year)

8. AGE: Years 59 Months 10 Days 3 If less than one day hr. min.

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

10. Usual occupation Egg Candler.

11. Industry or business A & P Grocery Co.

FATHER
12. Name John Odenback.
13. Birthplace Cincinnatti, (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name Lonie Simon.
15. Birthplace Cincinnatti, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Mrs. Stella Ganzemiller.
(b) Address CinCinatti, Ohio.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1942. (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) NOV 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th. year 1942 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct. 15 1942 to Nov. 6 1942 that I last saw him alive on Nov. 5 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
chronic Nephritis	2 Year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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 T. J. Kemp (M. D. or other)
Address 4503 Washington Date signed Nov 6 1942

(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 3454 David C. Gibson, Registered Apprentice No. 346, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St. St. L

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.