

FILED DEC 21 1942
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Registrar's No. 10345

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 Graham Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carl Olson

3. (b) If veteran, name war No 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 Eleanore 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feb., 15th, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 25 hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Eric Olson
13. Birthplace Sweden
(City, town, or county) (State or foreign country)
14. Maiden name Anna Jackson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred B. Olson

(b) Address 5840 Cabanne Ave

17. (a) Burial (b) Date thereof 12/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Robert J. Ambtuster

(b) Address 6633 Clayton Road

19. (a) DEC 11 1942 (b) J. T. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10,
year 1942 hour 5:17 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 8, 1942, to December 10, 1942;
that I last saw him alive on December 10, 1942;
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardial Insufficiency Duration _____

Due to General Arteriosclerosis

Due to _____

Other conditions Amiaurosis, Deafness,
(Include pregnancy within 3 months of death)

Maximal Dehydration

Major findings:
Of operations _____

Of autopsy None

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) (e) Means of injury _____

23. Signature Geo. Wade (M. D. or other) _____
Address 1515 Lafayette Avenue, Date signed 12/11/42

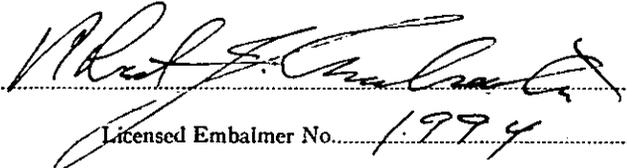
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....


.....
Licensed Embalmer No. 1994

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.