

JUN 9 1943

318

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

5024

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri.
 (c) Name of hospital or institution:
3508 Tennessee Ave.
 (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 Missouri. (b) County _____
 (c) City or town Saint Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3508 Tennessee Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Olinger,

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Olinger 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 17th, 1884.
 (Month) (Day) (Year)

8. AGE: 59 Years 1 Months 11 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation City Fireman

11. Industry or business _____

MOTHER FATHER { 12. Name John Olinger
 13. Birthplace Holland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Pauline Olinger
 (b) Address 3508 Tennessee Ave.

17. (a) Burial (b) Date thereof June 1, 1943.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park.

18. (a) Signature of funeral director Elegenheim Bros,
 (b) Address 6409 Gravois Ave.

19. (a) JUN 1 1943 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th,
 year 1943. hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 9, 1943, to May 28, 1943
 that I last saw him alive on May 28, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardio-Respir Disease
 Due to Congestive Heart Failure
 Due to nephritis.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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)
 (b) Means of injury _____
 23. Signature Sam G. Howard (M. D. or other)
 Address 607 N. Grand St. P. Date signed 5-28-43

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.....

W E Morris

Licensed Embalmer No. *3360*

P. O. Address *6409 Gravois*

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.