

FILED FEB 18 1944 **318**

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:
3129 Fair Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. None
(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. 3129 Fair Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred H. Olms

3. (b) If veteran, name war None 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 Alvina D. Olms Nee Reineke 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 30, 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th.
 year 1944 hour 3:00 PM minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 6
 _____, 1944, to Feb 7, 1944
 that I last saw him alive on Feb. 7, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiopathy
 Duration Several years

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>7</u>	<u>7</u>	_____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation Concrete Contractor

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Christ Olms
 13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Dorothea Kunkel
 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alvina A. Olms
 (b) Address 3129 Fair Ave

17. (a) Burial (b) Date thereof 2/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

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 _____

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) FEB 9 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

23. Signature Peter A. Eckel, M.D. (M. D. or other)
 Address 4701 St. Louis Ave Date signed 2/8/44

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.....

Gustav W. Dietrich

Licensed Embalmer No. *4379*

P. O. Address *St. Louis, 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.