

FILED AUG 8 1944

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 6631

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.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5230a Paulian Plc.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Eugene J. Olson
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27th
 year 1944 hour 11-45 minute PM M.....
 21. I hereby certify that I attended the deceased from 7-27-44
12 noon 19... to 7/27-44 19...
 that I last saw him alive on 7/27-44 19...
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

Immediate cause of death:
General Peritonitis of entire abdomen
 Due to.....

7. Birth date of deceased: July 28th 1928
(Month) (Day) (Year)
 8. AGE: Years 15 Months 11 Days 29 If less than one day hr. min.

Due to Ruptured Gastric capillary
 Due to.....

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)
 10. Usual occupation School- Student

Other conditions (Include pregnancy, within 3 months of death)
Fracture abdomen folled with
 Major findings:
 Of operations General Peritonitis & Gastric capillary
 Of autopsy.....
 PHYSICIAN..... Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business.....
 12. Name Carl O. Olson
 13. Birthplace Mo. 0
(City, town, or county) (State or foreign country)
 14. Maiden name Lucille Maurer
 15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carl Olson
 (b) Address 5230a Paulian Plc.
 17. (a) Burial (b) Date thereof 7-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cem.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
no injuries
(Specify type of place)
 While at work..... (e) Means of injury: no one

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address 1905 Union Blvd
 19. (a) J. F. Brund
(Date received local registration) (Registrar's signature)

23. Signature J. F. Brund
 Address 2239 N. Grand Date 7/28-44

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

W. G. Carver
3-4

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 *Warren G. Carver*
Licensed Embalmer No. *3534*
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.