

Registration District No. **318** Primary Registration District No. **1005** Registrar's No. **854**

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Park Lane Memorial  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 1/2 mo.  
(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. 5365 A Cote Brillante  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ODESSA MOHRMAN

3. (b) If veteran, name war No 3. (c) Social Security No. 499-03-4345

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced 2  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>7</u>	<u>26</u>	hr. min.

9. Birthplace Muscatatuck Twp. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business Dress Factory

12. Name John Friederich

13. Birthplace Muscatatuck Twp. Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Dicks

15. Birthplace Bellerive Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mata Lutz

(b) Address 6825 Plateau, St. Louis, Mo.

17. (a) Muscatatuck (b) Date thereof Jan 22, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muscatatuck City Cem

18. (a) Signature of funeral director Emmett S. P. Moll

(b) Address Muscatatuck Ill.

19. (a) J. F. Bredeek (b) J. F. Bredeek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan. day 21,  
 year 1945 hour 2: minute 55 A.M.

21. I hereby certify that I attended the deceased from Oct. 1944 to Jan. 1945  
 that I last saw her alive on Jan. 21, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death gynecoid carcinoma cervix  
carcinoma of cervix

Due to general carcinoma  
Carcinoma of Cervix  
 Due to Emergency Heart & Ch. Injuries

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) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredeek (M. D. or other) \_\_\_\_\_

Address 4950 Lindell Blvd. Date signed 1-21-45

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

MOTHER FATHER

JAN 22 1945

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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.....

*Not Embalmed.*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**