

FILED APR 23 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3246

1. PLACE OF DEATH:

(a) County City of St Louis
 (b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2322 S 12th St
(If not in hospital or institution, write street number of location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 6 years
years, months or days)

3. (a) PRINT FULL NAME ALABAMA LUDORA OLDS

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

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

6. (b) Name of husband or wife FRANKLIN OLDS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 31 Dec 23 1869
(Month) (Day) (Year)

8. AGE: Year 73 Months 3 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Obine Scott, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Stanley Olds

(b) Address 2322 S 12th St St Louis

17. (a) Funeral (b) Date thereof Apr 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pizzatti Park

18. (a) Signature of funeral director Stanley Olds

(b) Address Pizzatti Park

19. (a) APR 10 1945 (Date received local registrar's certificate)
J. J. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2322 S 12th St
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
 year 1945 hour 18:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from Dec
 1943, to 4-11- 1945;
 that I last saw her alive on 4-10- 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

Due to Central Hemorrhage 1944

Due to Senility

Other conditions general anemia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 L. F. Morrison (M. D. or other)
 Address 900 - Russell Date signed 4-11-45

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

100
17
9

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.....

R. E. Campbell
.....
Licensed Embalmer No. *3881*

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.