

FILED MAR 7 1946

State File No. 0

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 490

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8582 St. Charles Road
(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 St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8582 St. Charles Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Olson.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alfred Olson. 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased March 21, 1868.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 1 hr. min.

9. Birthplace St. Charles County, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER
12. Name Fred Suelthaus.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Plackemeier.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Myrtle Olson.
(b) Address 8582 St. Charles Road.
17. (a) Burial (b) Date thereof 2-25-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Zions Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 2-26-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd.
year 1946 hour 12 minute 52 A.M.

21. I hereby certify that I attended the deceased from _____ 1946 to _____ 1946
that I last saw her alive on Feb 21 and that death occurred on the date and hour stated above.

Immediate cause of death Chn Myocarditis
Due to Hypertension
Due to 93d

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

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) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 8582 St. Charles Rd Date signed 2/22/46

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

6005

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Dr. M.A. Diehr.
8924 St. Charles Road.
Hours 11 to 2 6 to 8 P.M.
Winfield 3643

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 Clement M. May

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.