

No. 2
-5-43
5-17-39
I X36671

FILED APR 17 1946
Registration District No. **310**

Primary Registration District No. **3058**

1. PLACE OF DEATH:

(a) County **St Charles**

(b) City or town **St Charles**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St Charles**

(c) City or town **St Charles**
(If outside city or town limits, write "RURAL")

(d) Street No. **913**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Lola Oliver**

3. (b) If veteran, name war

3. (c) Social Security No. **None**

4. Sex **F** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ray Oliver**

6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **March 8th 1890**
(Month) (Day) (Year)

8. AGE: Years **56** Months **11** Days **28** If less than one day hr. min.

9. Birthplace **St Charles Co.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

MOTHER { 12. Name **Mitchel Castlio**

13. Birthplace **St Charles, Co**
(City, town, or county) (State or foreign country)

14. Maiden name **Irean Castlio**

15. Birthplace **St Charles**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Oliver**

(b) Address **North 5 St, St Charles**

17. (a) **Burial** (b) Date thereof **March 13-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Howell Cemetery**

18. (a) Signature of funeral director **Marie M... [Signature]**

(b) Address **Wentzville mo**

19. (a) **3/16/46** (b) **Janice Hamilton**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10th** day **9** of **March**
year **1946** hour **3** minute **48** P.M.

21. I hereby certify that I attended the deceased from **Mar 9** to **Mar 10**, 19**46**
that I last saw him alive on **Mar 9** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatosis**

Due to **Carcinoma of Breast**

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations **50**

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?

While at work? (Specify type of place) - Means of injury

23. Signature **J. J. [Signature]** (M. D. or other)
Address **505 Clark St, St. Charles** Date signed **3/12/46**

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-16-46

NOV 26 1952

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 Marie Muechling

Licensed Embalmer No. 2461

P. O. Address Wentzville, 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.