S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1946

State File No. 25579

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 6166

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: 3723 Humphrey St.
(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 16 000 17 4

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3723 Humphrey St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Helena Odenwalder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Alfred L. Odenwalder

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

7. Birth date of deceased Nov. 11th., 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	9	0	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John F. McKim
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Ellen Duggan
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mr. Raymond Odenwalder
(b) Address 3723 Homphrey St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JUL 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 11th., year 1946 hour 3 minute 15 p. M.

21. I hereby certify that I attended the deceased from Oct 1942, 19 , to July 11, 1946 that I last saw her alive on July 10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes Mellitus	years.
Due to Cardio vascular renal disease	years.
Due to	
Other conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations —
Of autopsy —

61

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)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) [signature]

Address 3203 Chippewa Date signed 7/18/46

(Licensed Embalmer's Statement on Reverse Side)

D[redacted]ur Bindbeutel
5203 Chippewa St. Hu.8028

2=4 pm.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kindell

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.