

S. No. 2
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5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 22541
Registrar's No. 5704

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 4214 West Farlin Ave
(d) Length of stay: In hospital or institution None
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4214 West Farlin Ave
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alvine Olms
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Fred Olms
7. Birth date of deceased December 5, 1878

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 8th year 1947 hour 3:00 PM minute _____ M.
21. I hereby certify that I attended the deceased from June 6 to June 8 1947
that I last saw him alive on June 8 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 6 3 hr. min.

Immediate cause of death: Carcinoma of breast. Breast
Due to _____ 50
Due to _____
Other conditions: Metastatic
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Unknown Germany
10. Usual occupation At home
11. Industry or business _____
12. Name Christ Reinecke
13. Birthplace Unknown Germany
14. Maiden name Unknown
15. Birthplace Unknown Germany

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Mr Henry Kramer
(b) Address 4230 Sacramento Ave
17. (a) Burial (b) Date thereof 6/10/47
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) _____ (b) J. F. Brudeck

23. Signature _____ (M. D. or other) _____
Address 2116 1/2 Grand Date signed 6/9/47
While at work? _____ (Specify type of place) _____ (c) Means of injury _____

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 William G. Burkholz
Licensed Embalmer No. 2110
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.