. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 20 1947

Registration District No. 3.7

Primary Registration District No. 3063

State File No. 36477

Registrar's No. 21894

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co. 96
(c) City or town Kirkwood 4 (If outside city or town limits, write "RURAL")
(d) Street No. 711 S Kirkwood Road 3 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Olive Mann
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Byron
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 17 (Day) 1856 (Year)

8. AGE: Years 91 Months 8 Days 28 If less than one day hr. min.

9. Birthplace Fort Wayne (City, town, or county) Ind. (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Wm. Brown 4
13. Birthplace (City, town, or county) Scotland (State or foreign country)
MOTHER
14. Maiden name Olive Mathers 1
15. Birthplace (City, town, or county) Scotland (State or foreign country)
16. (a) Informant Nadine Brown
(b) Address 711 Kirkwood Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Louis H. Bapp Inc
(b) Address Kirkwood Mo.
19. (a) 10-15-47 (Date received local registrar) (b) Cecil J. Starr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1947 hour 12 minute 10 P.M.
21. I hereby certify that I attended the deceased from Sep. 30 1947 to Oct. 14, 1947 that I last saw her alive on Oct. 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	30 min
Due to Phlebothrombosis left leg stasis	6 days
Due to	
Other conditions Fx Lt. femur upper 1/3 simple oblique (Include pregnancy within 3 months of death)	15 days
Major findings: Of operations Fx as above	
Of autopsy Embolus arteriosclerosis generalized arteriosclerosis	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9-30-47 9/30/47 125
(c) Where did injury occur? Home (City or town) fall (County) fall in Home (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? Means of injury 0
23. Signature Russell L. Herkner (M. D. or other)
Address 601 Brentwood Blvd. Date signed 10/14/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....Felix Durand.....

Licensed Embalmer No.....3034.....

P. O. Address Kirkwood (22) 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.