

FILED JUL 6 1948

Registration District No. 579

Primary Registration District No. 6576

Registrar's No. 1456

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pattonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: RR 2 Box 247. Robertson Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Olga A. Stodder

3. (b) If veteran, name war Nil. 3. (c) Social Security No. N. 1

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chester Stodder 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased: Jan 29 1887  
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Chicago see 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business

12. Name Alfred Strom

13. Birthplace Norway  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Stodder

(b) Address RR 2. Box 247 Robertson Mo

17. (a) Burial (b) Date thereof 6-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Sey Muller

(b) Address 5041 Delmar

19. (a) 6-6-48 (b) Carole Shapiro  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Pattonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR 2 Box 247 ROBERTSON MO  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 4  
year 1948 hour minute M.  
21. I hereby certify that I attended the deceased from January 14 1946 to June 4 1948  
that I last saw her alive on June 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 days  
Hypertension 3 yrs.

Due to 8:30

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: Of operations  
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 John O'Connell (M. D. or other) M.D.  
Address 10300 Inland Rd. Date signed 6-6-48

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 Van Sijemore

Licensed Embalmer No. 4343

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.