

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30983

Registrar's No.

8539

Registration District No.

818

Primary Registration District No.

1003

1. PLACE OF DEATH

(a) County St. Louis Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1763 p. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25
(Specify whether years, months or days) 25
In this community 25
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Walter Ollis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color negro
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive 41

7. Birth date of deceased

(Month)

(Day)

(Year)

8. Age

Years

Months

Days

If less than one day

min.

9. Birthplace

(City, town, or country)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or country)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or country)

(State or foreign country)

16. (a) Informant

(b) Address

17. (c) Anatomical Board

(b) Date thereof

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 Ralph W Henson
Licensed Embalmer No. 3791
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.