

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **3445**
 Registrar's No. **00054**

FILED FEB 10 1950

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 00054		
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF BRKS, MISSOURI			c. LENGTH OF STAY (in this place) 88 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			2 11 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL				D d. STREET ADDRESS (If rural, give location) 1456 LASALLE LANE				
3. NAME OF DECEASED (Type or Print) a. (First) HENNING			b. (Middle) P.	c. (Last) ODEGAARD		4. DATE OF DEATH (Month) (Day) (Year) JAN 6, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 7-28-1897		9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY - -		11. BIRTHPLACE (State or foreign country) DENMARK		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME NIELS ODEGAARD			13b. MOTHER'S MAIDEN NAME ANNIENNA McKILSEN		14. NAME OF HUSBAND OR WIFE LEORA ODEGAARD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 488120190		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS				ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOLAR NEPHROSCLEROSIS DUE TO (c) HYPERTENSIVE CARDIO-VASCULAR DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 44 2 1/2	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) - -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - -		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - -				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? - - - - -				
22. I hereby certify that I attended the deceased from 10-10-49 , 19 49 ; to 1-6-50 , 19 50 , and that death occurred at 3:15 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) J. E. Johnson, M.D.				23b. ADDRESS VA HOSPITAL, JEFF BRKS, MO		23c. DATE SIGNED 1-6-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri				
DATE REC'D BY LOCAL REG. 1-8-50	REGISTRAR'S SIGNATURE Herbert R. Dombko, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister, U. & L. Co., 7814 S. Broadway St. Louis, Mo.				

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 _____

..... Student Embalmer No.

working under my personal supervision. - - - - -

Student
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.