

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 38885
Registrar's No. 10054

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 38885		Registrar's No. 10054			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town) _____ OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) _____ OR TOWN <u>St. Louis</u>		2099					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2135 East Gano</u>				f. STREET ADDRESS <u>2135a East Gano Ave.</u>		(If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) _____			c. (Last) <u>ODAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27, 1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>March 15 1904</u>		9. AGE (In years last birthday) <u>46</u>	Months <u>8</u>	Days <u>12</u>	IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>John Williams</u>			13b. MOTHER'S MAIDEN NAME <u>Della Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>William Odam</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carl E Odam</u>						ADDRESS <u>2135 E Gano Ave</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Anaplastic Type, Left Lung.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>13 mos.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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? <u>1103X</u>							
22. I hereby certify that I attended the deceased from <u>August</u> , 19 <u>49</u> , to <u>November</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 13</u> , 19 <u>50</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Harvey W. Bierman M.D.</u>				(Degree or title)		23b. ADDRESS <u>1126 St. Louis Ave</u>		23c. DATE SIGNED <u>Nov 27 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>					
DATE REC'D BY LOCAL REG. <u>Nov 27 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Carter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Leidner Und. Co</u>					ADDRESS <u>8223 St. Louis Ave</u>	

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John P. Buchholz

Licensed Embalmer No. *1674*

Signed.....
Student Embalmer

P. O. Address *7273 St. Louis Ave*

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.