

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39336**

FILED NOV 22 1950

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 4464	Registrar's No. 2751
1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis		
b. CITY (If outside corporate limits, write RURAL and give town) Overland		c. LENGTH OF STAY (In this place) 21	c. CITY (If outside corporate limits, write RURAL and give township) Overland 4211	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9417 Cote Brillante		d. STREET ADDRESS (If rural, give location) 9417 Cote Brillante		
3. NAME OF DECEASED (Type or Print)		a. (First) Olive	b. (Middle) Dudley	c. (Last) Mehl
4. DATE OF DEATH		(Month) (Day) (Year) Nov 12 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 5 1877	9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 5 Days 7 IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Pudacah Kentucky /
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Newman		
13b. MOTHER'S MAIDEN NAME Mary Hovas		14. NAME OF HUSBAND OR WIFE		
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. 457-20-6166		17. INFORMANT'S SIGNATURE OR NAME Gladys Musterman ADDRESS Houston Texas
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) Acute Coronary Occlusion Anteriosclerotic-Hypertensive Heart Disease ANTECEDENT CAUSES Morbidity 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 2 1/2 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) 0		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 10-11, 1950 , to 11-11, 1950 , that I last saw the deceased alive on 11-1, 1950 , and that death occurred at 12 noon , from the causes and on the date stated above.				
23a. SIGNATURE Alfred Reeshman (Degree or title)		23b. ADDRESS 2560A Waveland Road		23c. DATE SIGNED 11/13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/16/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery
24d. LOCATION (City, town, or county) St Louis Mo		24e. (State) Mo		
DATE REC'D BY LOCAL REG. 11/16/50		REGISTRAR'S SIGNATURE Herbert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F. Home ADDRESS 9222 Lackland Overland Mo

4001

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 Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.