

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10487

State File No.

318

1003

Registrar's No. 2294

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis 7 21 812 J</u>		OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>443 N. 21st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Alex</u> c. (Last) <u>Olson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 29, 1881</u>		9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 1 MILE Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Car Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal RR</u>		11. BIRTHPLACE (State or foreign country) <u>Sweden</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Alvin Olson</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>Abbie Evans Olson - Estelle Ole</u> ADDRESS <u>443 N. 21st</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left hemiplegia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u> DUE TO (c) <u>Senility</u> 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>few days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?		<u>Heart</u>					
22. I hereby certify that I attended the deceased from <u>3-6</u> , 19 <u>51</u> , to <u>3-9</u> , 19 <u>51</u> that I last saw the deceased alive on <u>3-9</u> , 19 <u>51</u> and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. B. J. Lester</u>				23b. ADDRESS <u>Mo. Pac. Hosp</u>		23c. DATE SIGNED <u>3-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>Bellville Ill</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Mar 12 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Burns</u>		ADDRESS <u>East St. Louis Ill</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Final

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 *Not Embalmed Charles G. Kurnick*

Signed.....
Student Embalmer

Licensed Embalmer No.

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.