

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH14559  
State File No. 3175

BIRTH NO. <u>45170-50</u>		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>3175</u>
1. PLACE OF DEATH a. COUNTY <u>318</u>		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) -a. STATE <u>Missouri</u> b. COUNTY <u>0500</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cedar Hill 0500</u>		
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>				
3. NAME OF DECEASED a. (First) <u>Lawrence John</u>		b. (Middle) <u>Oliver</u>		c. (Last) <u>Oliver</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 3 - 1951</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED/DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>7-31-50</u>
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR Months Days		IF UNDER 10 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis - Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>Emer</u>				
13a. FATHER'S NAME <u>James Oliver</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Gray</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JAMES OLIVER CEDAR HILL, MO</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>Brain Tumor, non-metastatic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7531</u>		
19a. DATE OF OPERATION <u>4-2-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>breast mammogram - space occupying mass in region 4<sup>th</sup> quad</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 <u>3-27, 1951</u> , to <u>4-3, 1951</u> , that I last saw the deceased alive on <u>4-3, 1951</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm F. Thurstin M.D.</u> (Degree or title)		23b. ADDRESS <u>500 S KINGS HIGHWAY</u>		23c. DATE SIGNED <u>4-4-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 5 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK</u>
		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>APR 4</u>		REGISTRAR'S SIGNATURE <u>J. B. Lusate</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kutis 2906 Gravois</u>

(Licensed Embalmer's Statement on Reverse Side)

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

*Samuel C. Dill*

Signed.....  
Student Embalmer

Licensed Embalmer No.

4347 9

P. O. Address

2906 Dan

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.