

5. No. 300
v. 10-48

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19029

XC-UNKNOWN
Reg # 93929

State File No.

4070

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2207</u>	
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>FAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>TOWN JEFF. BRKS. MO.</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. ELMO</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS ADMIN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. #2</u>			
3. NAME OF DECEASED (Type or Print) <u>OLIN</u>		a. (First)		b. (Middle) <u>A.</u>		c. (Last) <u>MUMA</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-51</u>		5. SEX <u>M.A.L.E.</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>2-9-96</u>		9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>ST. ELMO, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>WILLIAM MUMA</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY FLETCHER</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA MUMA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WAT</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF BRKS 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, asphyxia, etc. It means the disease, injury, or complication which caused death. <u>A.</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RHEUMATIC HEART DISEASE</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>W16 X</u>				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) <u>VA</u>		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>5-11</u> , 19 <u>51</u> , to <u>5-15</u> , 19 <u>51</u> , that I last saw the deceased <u>at 10:50 A.M.</u> and that death occurred at <u>10:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E.C. O'BRIEN M.D.</u>				23b. ADDRESS <u>VA HOSP, JEFF. BRKS. MO.</u>		23c. DATE SIGNED <u>5-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-16-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLEWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. ELMO, ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>5-16-51</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Blanks, Inc.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> , 4700 Washington Blvd.			

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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.