S. No. 300
v. 10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 16074

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3882

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 4000
d. STREET ADDRESS (If rural, give location): 1223 Maple Ave.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Eugene
b. (Middle): Conrad
c. (Last): Oudin

**4. DATE OF DEATH** (Month) (Day) (Year): April 13, 1953

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: Nov. 26, 1874

**9. AGE** (In years last birthday): 78
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Dairyman (ret)

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (State or foreign country): San Antonio, Texas

**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Edward Marc Oudin

**13b. MOTHER'S MAIDEN NAME**: Lydia Eugenia Payen

**14. NAME OF HUSBAND OR WIFE**: Florence (deceased)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): No

**16. SOCIAL SECURITY NO.**:

**17. INFORMANT'S SIGNATURE OR NAME**: Betty Lou Meyer
ADDRESS: Ferguson, Missouri

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Chronic Myelogenous — INTERVAL BETWEEN ONSET AND DEATH: 5 mos. ?

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.* Gastro-Intestinal Hemorrhage.

**19a. DATE OF OPERATION**: —

**19b. MAJOR FINDINGS OF OPERATION**: —

**20. AUTOPSY?** YES ☑ NO ☐

**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): — m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**: —

2041

**22.** *I hereby certify that I attended the deceased from* Dec. 26, 1952, *to* April 13, 1953, *that I last saw the deceased alive on* April 13, 1953, *and that death occurred at* 2:58 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Norman A. Jones (Degree or title): M.D.

**23b. ADDRESS**: 9903 Diamond Dr. St. Louis 15, Mo

**23c. DATE SIGNED**: 4-14-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal

**24b. DATE**: 4-16-53

**24c. NAME OF CEMETERY OR CREMATORY**: Greenwood Cemetery

**24d. LOCATION** (City, town, or county) (State): E. St. Louis, Illinois

DATE REC'D BY LOCAL REG.: APR 14 1953

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE**: A. Churchill
ADDRESS: E. St. Louis, Illinois

(Licensed Embalmer's Statement on Reverse Side)

9903 Diamond

## 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.....

NOT EMBALMED

Signed.....

Student Embalmer

Signed.....

Licensed Embalmer No. 3162

P. O. Address E.St. Louis, Illinois

**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.