

FILED SEP 24 1953

THE DIVISION OF HEALTH MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33817

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8566

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		a. STATE Missouri b. COUNTY 2237	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 23 2711 S Jefferson Av	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Caroline	b. (Middle) M	c. (Last) Olson Aug 31 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1925 Oct 30 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (Months) (Days) (Hours) (Mins.) 28 6 7
11. BIRTHPLACE (State or foreign country) Sappington Mo. 0		12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME ? Theiss	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Edward
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 Edward Olson 2711 S Jefferson Av

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION No surgery	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) 331X
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 8-28-1953, to 8-31-1953, that I last saw the deceased alive on 8-31-1953, and that death occurred at 3:00p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS 4930 Lindell Blvd. St. Louis 8, Missouri	23c. DATE SIGNED 9-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/4/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson-Brks. Mo.
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DATE REC'D BY LOCAL REG. SEP 3 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Moydell Funeral Home 1926 Allen Av
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(Licensed Embalmer's Statement on Reverse Side)

MAIL RETURN—USING ENVELOPE BLACK INK—SHARE 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 Reinhold K. Lohme

Licensed Embalmer No. 3395

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri }  
City of St. Louis } ss.  
County of St. Louis }

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 33817  
Local Registrar's No. 8566

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8 day of September, 1953, before me appears Edward Olson, who, upon his oath, states that the original record of <sup>birth</sup> ~~death~~ birth for Caroline Olson, <sup>died</sup> ~~born~~ Aug 31, 1953, in the State of Missouri, and which was filed at St. Louis Mo on Sept 1, 19 53 should be corrected as follows:

Item No. 8 should read October 30 1885

Instead of October 30 1883

Item No. 9 should read 67 Yrs

Instead of 69 Yrs

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edward Olson Husband Relationship.

2711 S Jefferson Av St. Louis 4 Mo.  
Present Address.

Subscribed and sworn to before me this 8 day of September, 1953

My Commission Expires September 22, 1954  
George S. ... Notary Public.

Affidavits containing erasures will not be accepted, draw one time through erasures.

