

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37481**

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9568**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis city Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle)		c. (Last) OLSEN		
4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 4, 1953						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH JAN-6-1902	9. AGE (In years last birthday) 51	IF CHOSEN: YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of lifetime, even if retired) PACKER		10b. KIND OF BUSINESS OR INDUSTRY ALDO SURGICAL		11. BIRTHPLACE (City and State or Foreign Country) MO		
12. CITIZEN OF WHAT COUNTRY?						
13a. FATHER'S NAME ANTON OLSEN		13b. MOTHER'S MAIDEN NAME JULIA WILLI		14. NAME OF HUSBAND OR WIFE FRANCIS OLSEN		
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 ADDRESS FRANCIS OLSEN 3663^{1/2} LIERMAN		
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) Brain tumor (adenocytoma) 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 193X		
22. I hereby certify that I attended the deceased from 7-17-53 , 19____, to 10-4-53 , 19____, that I last saw the deceased alive on 10-4-53 , 19____, and that death occurred at 6:30P m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Stella H. R. [Signature] M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-5-53		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE OCT. 7, 1953		24c. NAME OF CEMETERY OR CREMATORY CALVARY		
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO						
DATE REC'D BY LOCAL REG. OCT 6 1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kulis 2906 Marois		

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signature *Leo J. Budde*.....

Licensed Embalmer No. *3989*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.