S. No. 300
v. 10.46

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

STANDARD CERTIFICATE OF DEATH

State File No. 45460

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12364

1. PLACE OF DEATH
a. COUNTY St. Louis, O
b. CITY OR TOWN St. Louis, Mo. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 1 Yr-3 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City Infirmary Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St. 2139 O

3. NAME OF DECEASED (Type or Print)
a. (First) Catherine
b. (Middle)
c. (Last) Olm

4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 53

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2

8. DATE OF BIRTH Nov. 18, 1873

9. AGE (In years last birthday) 80 | 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) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Illinois

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Howard Young

13b. MOTHER'S MAIDEN NAME Aleia Fisher

14. NAME OF HUSBAND OR WIFE Louis Olm

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 Hospital Records
ADDRESS 5800 Arsenal St.

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) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH years

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.

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? 4500

22. *I hereby certify that I attended the deceased from* 8-11, *19* 53, *to* 12-25, *19* 53, *that I last saw the deceased alive on* 12-25, *19* 53, *and that death occurred at* 10:30am, *from the causes and on the date stated above.*

23a. SIGNATURE George Esher M.D. (Degree or Title)
23b. ADDRESS 5600 Arsenal
23c. DATE SIGNED 12/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation
24b. DATE 1-2-54
24c. NAME OF CEMETERY OR CREMATORY City Crematory
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. DEC 31 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
MDB

25. FUNERAL DIRECTOR'S SIGNATURE J. Ryan
ADDRESS 5800 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

NOT EMBALMED

Student.....
Signature of Student Embalmer

Signed.....CREMATED BY CITY.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
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.