

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42481

FILED JAN 6 1956

State File No. 10947

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10947			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1-yr.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4014 Lindell Blvd.				e. STREET ADDRESS (If rural, give location) 19 4014 Lindell Blvd.					
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) M.		c. (Last) Olenhouse		4. DATE OF DEATH (Month) (Day) (Year) Dec. 12, 1955		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Oct. 3, 1878		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2	IF UNDER 6 HRS. Days 9 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Albany, N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME James O'Connor			13b. MOTHER'S MAIDEN NAME Unk. Quinn			14. NAME OF HUSBAND OR WIFE Charles Olenhouse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. F.T. Richter, 12912 Ardennes Ave.				
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.				MEDICAL CERTIFICATION Rockville, Md. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Valvular Heart Disease with Cardiac Hypertrophy and Pulmonary Congestion 2 days DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Oct 12 1955				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION As above 420.1				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, other bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 12/15/55		21d. (COUNTY) _____		21e. (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? _____					
22. I hereby certify that I attended the deceased from 12-12-55 AM , to 12-12-1955 PM , that I last saw the deceased alive on 12-12-1955 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE A.J. Raemdonck A.J. Raemdonck M.D.				23b. ADDRESS 4390 West Pine M.D. 4390 West Pine			23c. DATE SIGNED 12-13-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. DEC 14 1955		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd.				

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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 46

P. O. Address Louis

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