

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21621

State File No.

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>	c. LENGTH OF STAY (In this place) <u>1 yr.</u>	c. CITY OR TOWN <u>St. Charles</u>	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 <u>Colonial Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>728 South Fourth St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>A.</u> c. (Last) <u>Olendorf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 9, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 26, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 6 HRS. Hours <u>13</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>O'Fallon, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frederick Hoeckelmann</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Westhoff</u>	14. NAME OF HUSBAND/OR WIFE <u>Joseph Olendorf</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Rood, Saint Charles, Mo.</u>	ADDRESS <u>Saint Charles, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 mo.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Unsett.</u>		
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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 19, 1955 to July 9, 1956, that I last saw the deceased alive on July 9, 1956, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. W. i. Justice</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>July 11, 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town or county) (State) <u>Saint Charles, Mo.</u>
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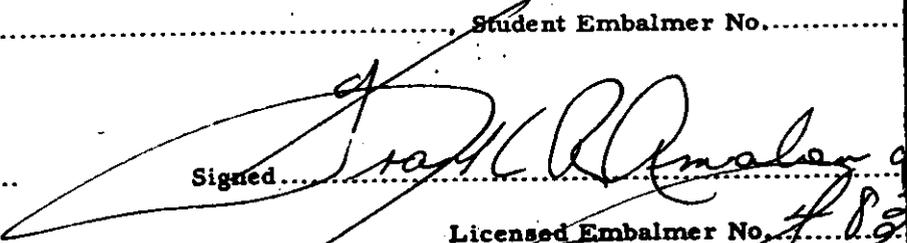
DATE REC'D BY LOCAL REG. <u>July 11, 1956</u>	REGISTRAR'S SIGNATURE <u>F. Annis Hamilton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dellinger</u>	ADDRESS <u>St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed.....


Licensed Embalmer No. 482

P. O. Address St. Charles

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.