

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

State File No. **3549**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **274**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Hathaway Hills	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 23 St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 27 9423-Acosta Drive	
3. NAME OF DECEASED (Type or Print) a. (First) Marie b. (Middle) Olsen c. (Last) Schewe		4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1958	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		8. DATE OF BIRTH Sept. 27, 1888	
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Bellefontaine Neighbors		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Olsen		13b. MOTHER'S MAIDEN NAME Mary Giesecking	
14. NAME OF HUSBAND OR WIFE Harry Dcd.		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		17. INFORMANT'S SIGNATURE OR NAME Henry J. Studt	
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, aethenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial hypertension DUE TO (c) Arteriosclerosis 334X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Diabetes mellitus 7 years Myocardial infarction 7 months	
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?		22. I hereby certify that I attended the deceased from 7/30 , 19 57 , to Jan 8 , 19 58 that I last saw the deceased alive on Jan 7 , 19 58 and that death occurred at 3:30P m., from the causes and on the date stated above.	
23a. SIGNATURE Wanda M. G. ...		23b. ADDRESS 2322 N. Kingshighway	
23c. DATE SIGNED 1/9/58		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-10-1958		24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	
24d. LOCATION (City, town, or county) (State) Baden, Mo.		25. GENERAL DIRECTOR'S SIGNATURE William ...	
DATE REC'D BY LOCAL REG. JAN 9 1958		REGISTRAR'S SIGNATURE Carl Smith	
2504-Woodson Rd-Overland-14-Mo.		ADDRESS	

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 *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Overland*

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.