

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007627
STATE FILE NUMBER
1559

FILED MAR 10 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) 38 OR TOWN St. Louis		c. CITY OR TOWN Ladue 4436	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3910 Laclede		d. STREET ADDRESS (If outside, give location) 27 9051 Ladue Road	
3. NAME OF DECEASED First Middle Last WILLIAM EDWARD ODELL			4. DATE OF DEATH Month Day Year February 8, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 29th, 1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner & Salesman-		10b. KIND OF BUSINESS OR Supply Industry Continental Co.	
13a. FATHER'S NAME Ardie Odell		14. NAME OF HUSBAND OR WIFE Sarah Fisk Odell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or type of service) Yes WW-II		17. INFORMANT Sarah Fisk Odell 9051 Ladue Road	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of head.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in chest in store at 3910 Laclede Ave., about 1:30 p.m.	
20c. TIME OF INJURY Hour Month, Day, Year 1:30 p.m. 2 8 58		20e. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) Store	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION St. Louis Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 200 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John J. Taylor		22b. ADDRESS 1300 Chase Cr	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Wildewy Cemetery	
23b. DATE 2 / 11 / 58		23d. LOCATION (City, town, or county) (State) Washington, Missouri	
24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar		25. DATE RECD. BY LOCAL REG. FFR 10'58	
26. REGISTRAR'S SIGNATURE Carl Smith mo mjb			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only Standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related.

MOTOR

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.