

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18434
Registrar's No. 4820

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS (If rural, give location) 1128 State St.	
3. NAME OF DECEASED (Type or Print) a. (First) Franklin		b. (Middle) Walter	
c. (Last) Olin		4. DATE OF DEATH (Month) (Day) (Year) May 21 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9, 1860
9. AGE (In years last birthday) 91		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Industrialist	
11. BIRTHPLACE (State or foreign country) Woodford, Vermont		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Truman Olin		13b. MOTHER'S MAIDEN NAME Sarah Noyes	
14. NAME OF HUSBAND OR WIFE Mary M. Olin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. 321-18-3975		17. INFORMANT'S SIGNATURE OR NAME <i>J. Vermillion</i>	
17. ADDRESS P.O. Box 373 Alton Ill.		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid		MEDICAL CERTIFICATION	
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. Cardiac failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of sigmoid	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 153X		22. I hereby certify that I attended the deceased from 3/11, 1951, to 5/21, 1951, that I last saw the deceased alive on 5/21, 1951, and that death occurred at 5:00A m., from the causes and on the date stated above.	
23a. SIGNATURE <i>C. D. Vermillion M.D.</i>		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 5/21/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	
24b. DATE May 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert H. Streep</i>	
25. ADDRESS Alton, Ill.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 23 1951 <i>J. B. Lanter</i>	

(Licensed Embalmer's Statement on Reverse Side)