JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42377

1. PLACE OF DEATH

County: St Louis — Registration District No.: 189

Township: Central — Primary Registration District No.: 603803 — File No.:

City: (No. 6778 Robbins Ave St. Ward) — Registered No.: 374

2. FULL NAME Mary Jane Ogle

(a) Residence. No. 6778 Robbins Ave St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm C. Ogle.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	8	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carlyle (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John Rothert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Rebecca Alexander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Mr. Wm C. Ogle. (Address) 6778 Robbins Ave

15. FILED 12/18, 1928 Nolle Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Dec 16 1928 that I last saw h.l.v. alive on Dec 16 1928, and that death occurred, on the date stated above, at 12.55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

7-3 A

about (duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 0 (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) W W Vaughan, M. D. 12-17, 1928 (Address) 2405 N - Union

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla Cemetery	12-19 1928
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5916 Easton ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

459a-[illegible]
9[illegible] 2[illegible]3