

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.

1938

OCT 6 1938

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

33349
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 1595
 (c) City Welshton (d) Street No. 6520 Curtis St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Edward Ogden

(a) Residence, No. 6520 Curtis St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1923

7. AGE YEARS 15 MONTHS 0 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Student
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Louis 0
 (STATE OR COUNTRY) Missouri 0

FATHER 13. NAME John S. Ogden 0

14. BIRTHPLACE (CITY OR TOWN) Siren 1
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Beulah Thomason

16. BIRTHPLACE (CITY OR TOWN) East St. Louis
 (STATE OR COUNTRY) Illinois

17. INFORMANT John S. Ogden
 (ADDRESS) 6520 Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Oct 3, 1938

19. FUNERAL DIRECTOR Shepard Funeral Home
 (ADDRESS) 1167 Hamilton Avenue.

20. FILED 10-3 1938 T. R. Meyer, M.D., S. C. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1 1938

22. I HEREBY CERTIFY, That I attended deceased, from 9-14-38, 1938, to 10-1-38, 1938

I last saw him alive on 10-1, 1938. Death is said to have occurred on the date stated above, at 12:45 P. M.

The principal cause of death and related causes of importance were as follows:

Chor. Endocarditis

Other contributory causes of importance: Adm

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Heccie W. M. D.
 (Address) 5074 Union Blk

OCT 3 1938

S. C. (Licensed Embalmer's Statement on Reverse Side)

9-12-5074 N Union

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Merle Shepard

Licensed Embalmer No. 3555

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.)