

REC'D NOV 15 1938

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

34300
Do not use this space.

1. PLACE OF DEATH

(a) County _____ Registration District No. **791**
 (b) Township _____ Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **Jewish Hosp.** Registered No. **9286**
 (e) Length of residence in city or town where death occurred **48** yrs. mos. ds. (f) How long in U. S., if of foreign birth **19** yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Rose Oglander**

(a) Residence, No. **6601 Enright** St. **N.R.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Harris Oglander**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Ab. 1868**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. **Ab. 70**
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Kaunas** 7/6
 (STATE OR COUNTRY) **Lithuania**

FATHER 13. NAME **(unk)**
 14. BIRTHPLACE (CITY OR TOWN) **(unk)** 9
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **(unk)**
 16. BIRTHPLACE (CITY OR TOWN) **(unk)** 7
 (STATE OR COUNTRY)

17. INFORMANT **M. E. Oglander**
 (ADDRESS) **758 Kingsland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chesed Shel Emeth** DATE **10/26/38**

19. FUNERAL DIRECTOR (NAME) **H. B. Berger**
 (ADDRESS) **4715 McPherson**

20. FILED **NOV 26 1938** 19 **J. F. Bredek**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/25** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **3/10** 19 **38**, to **10/25** 19 **38**
 I last saw him alive on **10/25** 19 **38**. Death is said to have occurred on the date stated above, at **5:50** p.m.
 The principal cause of death and related causes of importance were as follows:

Sarter's Sclerotic Heart Disease Date of onset **2 years**
Hypertensive Heart Disease **2 1/2 "**

Other contributory causes of importance:

Name of operation **O.** Date of **No.**
 What test confirmed diagnosis? **Clinical** 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) **Arthur E. Stroud** M. D.
 (Address) **539 N. Grand**

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.

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, not embalmed

H. I. Berger

, or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 1597

P. O. Address

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 this body is not embalmed, above space should be left blank.