

JUN 15 1940 791

1003

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **4284**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township).
 (c) Name of hospital or institution: 1437 Vandeventer
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 12 yrs years, months or days)

3. (a) PRINT FULL NAME William Sherman Ogle 240

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Bertha 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased April 4, 1865
 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bertha Ogle

(b) Address 1437 Vandeventer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/40
 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director P. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) MAY 14 1940 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(d) State Missouri (b) County _____
 (c) City or town St. Louis 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1437 Vandeventer Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
 year 1940 hour 12 minute 48R. M.

21. I hereby certify that I attended the deceased from April 15, 1938, to May 10, 1940, that I last saw him alive on May 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 years

Due to Arteriosclerosis 10-12 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury? _____

23. Signature William Stokes (M. D. or other)

Address 3950 Grand Ave Date signed 5/14/40

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, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *L. Q. Raapu*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.