DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23289

Registration District No. 7911 — Primary Registration District No. 1003 — Registrar's No. 5734

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: St. Anthonys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether

In this community 6 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 8310 Alabama. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Ogle 240

3. (b) If veteran, name war No.

3. (c) Social Security No. 488-09-6327

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March, 29, 1901 (Month) (Day) (Year)

8. AGE: Years 39 | Months 3 | Days 4 | If less than one day hr. min.

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

10. Usual occupation Chauffer

11. Industry or business National Cover Co.

FATHER
12. Name George Ogle
13. Birthplace Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bantin
15. Birthplace Penn. (City, town, or county) (State or foreign country)

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

(b) Address 8310 Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/40. (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinty Luthern Cem.

18. (a) Signature of funeral director Fendler Und Co.

(b) Address 7420 Michigan Ave.

19. (a) JUL 6 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1940 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from June 30 1940, 19 , to July 3, 1940, that I last saw him alive on July 2nd, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Toxemia Shock	3 days
Due to Acute Intestinal Obstruction	2 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Many adhesions producing several obstructions

Of autopsy - Inflammatory lesions throughout entire intestinal tract

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. H. Kemp MD (M. D. or other)

Address 5417 So Grand Date signed 7/5/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 8-17-39 I X19511

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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis Md

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.