

No. 2
-13-40
17-39
X23159

791

1003

Registration District No. _____
Primary Registration District No. _____

1. PLACE OF DEATH: **St. Louis, Mo.**

(a) County _____

(b) City or town _____

(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 yrs. 5 mo. 3 day**
In this community **About 65 yrs.**
(Specify whether 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. **2200 N. 9th St.**
(If rural, give location)

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

3. (a) PRINT FULL NAME **MARY OGDEN**

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

3. (c) Social Security No. **NO**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **David L. Ogdén**

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

7. Birth date of deceased **Apr. 12, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	7	8	hr. min.

9. Birthplace **Unknown Scotland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Sam McGregor**

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

14. Maiden name **Margaret Boyle**

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

16. (a) Informant **L. Ogdén doc**

(b) Address **5400 Arsenal St.**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **11/23/1940**
(Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math. Heiman**

(b) Address **2161 E. Fair St.**

19. (a) **NOV 21 1940**
(Date received local registrar)

(b) **J. F. Prudeck**
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **20**
year **1940** hour **1:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-1-39**, 19____, to **11-20-40**, 19____;
that I last saw h. **her** live on **11-20-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 7-1-39x**

Due to **Generalized Arteriosclerosis 7-1-39x with hypertension**

Due to **Chronic Nephritis 7-1-39x**

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

Major findings: _____
Of operations _____

Of autopsy **No**

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) (e) Means of injury _____

23. Signature **Robert H. Howe** (M. D. or other) **M D**
Address **5400 Arsenal St** Date signed **11/20/40**

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

FILED DEC 17 1940

13

MOTHER FATHER

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 *Edward Hampton*
Licensed Embalmer No. *2967*
P. O. Address *St. Louis, Mo*

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, fact should be so stated above.