

FILED MAR 19 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1442**

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: **Second & Lesperance**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **34 Years**
(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. **4404 Osceola St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ogden D. Thorpe**

3. (b) If veteran, name war **No** 3. (c) Social Security No **702-14-6516**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lucille** 6. (c) Age of husband or wife if alive **27** years
7. Birth date of deceased **September 7 1907**
(Month) (Day) (Year)

8. AGE: Years **34** Months **5** Days **7** If less than one day hr. min.

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

10. Usual occupation **Switchman**

11. Industry or business **Missouri-Pacific RR Co.**

MOTHER FATHER { 12. Name **Ogden H. Thorpe**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Luise Langley**
15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ogden H. Thorpe**
(b) Address **4404 Osceola St.**
17. (a) **Burial** (b) Date thereof **2/17/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Olive Cemetery**

18. (a) Signature of funeral director **Mackey, Melville**
(b) Address **3634 Gravois Ave.**
19. (a) **CCD** (b) **J. F. Bredek**
(Date received, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **14** th. year **1942** hour **1:00** minute **45** A. M.

21. I hereby certify that I attended the deceased from..... to.....
that I last saw h..... alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured skull, laceration of brain, laceration of left leg when he slipped and fell from the steps of a New-Orleans Express train upon Jack Markham's**
Other conditions **discussed with Dr. [unclear]**
(Include pregnancy within 3 months of death)
Major findings **Head tracks, 750 feet No. 4 Chrysler Ave. [unclear] 30 Am. Feb. 14 1942**
Physician **[unclear]**
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) **Accident**
(b) Date of occurrence **Feb 14 1942**
(c) Where did injury occur? **St. Louis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industry

While at work? **Yes** Means of injury **fall**
23. Signature **Thomas F. Callaway** (M.D. or other)
Address **Deputy Coroner** Date signed **2/14/42**

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

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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..... *Frank J. Hyland*.....
Licensed Embalmer No. *2645*.....
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.