S. No. 2
M—5-42
v. 5-17-39
I X32873

92
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34654

Registration District No. 305 Primary Registration District No. 6047 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles.

(b) City or town Foristell Rural, Cuivre.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Charles. 92 0

(c) City or town Foristell Rural. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Charles Henry Oglesby.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Negro.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased June (Month) 23 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Foristell (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Benjamin Oglesby.
13. Birthplace — (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Burd.
15. Birthplace — (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Charles Oglesby.
(b) Address Alaline Av. St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Foristell Mo

18. (a) Signature of funeral director T E Pitman.
(b) Address Wentzville, Mo.

19. (a) 9/30/42 (Date received local registrar) (b) Gertrude S. Foristell (Registrar's signature)

681

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1942 hour 2 minutes 4 M.

21. I hereby certify that I attended the deceased from Sept 24, 19.. to Sept 25, 1942, that I last saw him alive on Sept 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to Cardiac Asthma

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

Major findings:
Of operations 94a

Of autopsy .....

Duration

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 0

23. Signature Gaude W. Nixon (M. D. or other)

Address Wentzville Mo. Date signed Sept 26/42

(Licensed Embalmer's Statement on Reverse Side)

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 P. C. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.