

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Sullivan Nursing Home 3715 St. Ann Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7206 Jenwood
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Ogier

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Katherine Ogier 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 18, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 15 hr. min.

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

10. Usual occupation Cooper

11. Industry or business Retired

12. Name Jules Ogier

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

14. Maiden name Augustine Frances

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

16. (a) Informant Mrs John H. Decher

(b) Address 7206 Jenwood Jennings, Mo.

17. (a) Burial (b) Date thereof 10/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OC1 - 5-1942 (b) (E. H. Me) Garrison
(Date received from informant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd.
year 1942 hour 12:05 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 25, 1942, to October 3rd, 1942, that I last saw h. 1 M. alive on October 3rd, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death:

Myocardial failure
Chronic myocarditis
General arteriosclerosis
Hyphema which had been drained probably
Containing emboli

Due to _____

Due to _____

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Dr. C. H. Salinas (M. D. or other) Do

Address 7320 Florence Rd Date signed Oct 5 1942

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..... *Francis A. Williams*

Licensed Embalmer No. *3563*

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.