

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. 22382

Registration District No. AUG 18 1948

Primary Registration District No. 1003

Registrar's No. 6796

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital # 1
(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)

3. (a) PRINT FULL NAME John S. Oglesby
3. (b) If veteran, name war..... No
3. (c) Social Security No. 492-01-2614

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Susana
6. (c) Age of husband or wife if alive..... 64 years
7. Birth date of deceased June 17, 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 12 hr. min.

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

10. Usual occupation Carpenter,

11. Industry or business

MOTHER FATHER { 12. Name Benjamin N. Oglesby

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

14. Maiden name Elvira Tate,

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

16. (a) Informant Mrs. Susana Oglesby

(b) Address 5111 Dresden

17. (a) Burial (b) Date thereof 8/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director Oscar J Hoffmeister

(b) Address 4016 Chesapeake

19. (a) AUG 2 1948 (b) J. F. Brudeck
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis, 17 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5111 Dresden, 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1945 hour 3 P. minute..... M.

21. I hereby certify that I attended the deceased from
July 19 45 to July 29 1945
that I last saw him alive on July 29 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis 4 yrs

Due to.....
Due to Coronary Embolism 1/6 hr

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) no
(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?

23. Signature Adam C Youngman (M. D. or other)
Address 5439 Lebanon Date signed 8/1/48

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

100
17
9

1-2-34 28

1-2-34 28

1-2-34 28

1-2-34 28

1-2-34 28

Henry Brown

5439

Marston

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.....

Albert G. Hayes

Licensed Embalmer No. *2971*

P. O. Address:.....

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.