

FILED JUL 16 1946

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME: Mattie Ogdon
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

Female) 5. Color or race W
 4. Sex _____ 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ray Ogdon 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased Nov 7 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days _____ If less than one day _____
hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER } 12. Name John Lane

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

14. Maiden name Unknown

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

16. (a) Informant Bricker

(b) Address Mehlville Mo.

17. (a) _____ (b) Date thereof 7/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Fendler Undertaking Co

(b) Address 7420 Michigan Ave

19. (a) 7-11-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Louis
 (c) City or town Gentry
(If outside city or town limits, write "RURAL")
 (d) Street No. Mehlville Mo Hill Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1946 hour 7:35 minute P M.

21. I hereby certify that I attended the deceased from July 1
 1946, to July 7 1946
 that I last saw her alive on July 6 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia 6 days

Due to _____ 107
 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

23. Signature [Signature] (M. D. or other) MD
 Address Creve Coeur, Mo Date signed 7-8-46

JUL 24 1945

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 *Oliver E. Fendley*

Licensed Embalmer No. *4148*

P. O. Address *Longview*

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.