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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24933

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1651

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town ~~St. Louis County, Mo.~~ Prospect Hill
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 560 Leeton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 91

(c) City or town ~~St. Louis County, Mo.~~ Prospect Hill
(If outside city or town limits, write "RURAL")

(d) Street No. 560 Leeton,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elvira Oglesby,

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Benjamin

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

7. Birth date of deceased February 6, 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
90	5	25	hr. min.

9. Birthplace Fayette County Illinois,
(City, town, or county) (State or foreign country)

10. Usual occupation housewife,

11. Industry or business

FATHER
12. Name unknown
13. Birthplace do 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name do
15. Birthplace do 4
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Oglesby
(b) Address 560 Leeton

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Oscar Hoffmeister
(b) Address 4016 Chippewa,

19. (a) 8-8-46 (Date received local registrar) (b) E G McGonan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan. 1943 to July 30 1946
that I last saw her alive on July 29 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bulbar Paralysis	2 chos
Due to Arterio sclerosis old age heat	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature W A Kingsley MD (M. D. or other)
Address 820 N. Broadway Date signed 8-1-46

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1997

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 L. Hoppe

Licensed Embalmer No. 1971

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.