

No. 2
-12-45
-5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11355**
Registrar's No. **3132**

FILED APR 8 1947
318

Registration District No. _____

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: St. Louis Children's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ste. Genevieve
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margaret Mary Ogden

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1947 hour 6 minute 10 P.M.
21. I hereby certify that I attended the deceased from 3-7-1947 to 3-23-1947
that I last saw her alive on 3-23-1947
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced ()
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 17 1946
(Month) (Day) (Year)

Immediate cause of death meningitis Duration _____
Due to ? tubercle bacillus

8. AGE: Years _____ Months 9 Days 6 If less than one day _____ hr. _____ min.

Due to _____
Other conditions: pulmonary tuberculosis
(Include pregnancy within 3 months of death)

9. Birthplace: River Aux Vases 170 0
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 1/3
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business _____
12. Name Joseph Ogden
13. Birthplace ILL
(City, town, or county) (State or foreign country)
14. Maiden name ROSE FRY
15. Birthplace 170 0
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Ogden
(b) Address River Aux Vases 170

17. (a) BURIAL (b) Date thereof March 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River Aux Vases 170

18. (a) Signature of funeral director Jerome W. Stanton
(b) Address St. Louis, Mo.

19. (a) (Date received local registrar) MAR 24 1947 (b) J. F. Bredick
(Registrar's signature)

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 Oliver F. Hartman (M. D. or other)
Address St. Louis Childrens Hospital

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

MAR 24 1947

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.....

No Embalming....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jerome W. Stanton*.....
Licensed Embalmer No. *3817*.....

P. O. Address *St. Genevieve 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.