S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43377

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 11431

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: 4224 Race Course Ave (If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oak

(c) City or town St Louis, (If outside city or town limits, write "RURAL") 17

(d) Street No. 4224 Race Course Ave (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Henry William Ogle

3. (b) If veteran, name war no

3. (c) Social Security No. 489-07-0506

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Nellie ogle

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Mch (Month) 31 (Day) 1906 (Year)

8. AGE: Years 41 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation Oiler

11. Industry or business

FATHER
12. Name Thomes Ogle 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Ellen Williams
15. Birthplace Mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Nellie Ogle

(b) Address 4224 Race Course ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12, 12, 47 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cem.

18. (a) Signature of funeral director ROWLAND MORTUARY

(b) Address 4355 WASHINGTON AV

19. (a) DEC 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1947 hour 9 minute a M.

21. I hereby certify that I attended the deceased from Oct, 1946 to Dec 10, 1947; that I last saw him alive on Dec 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Manuel E Green (M. D. or other)

Address 1625 Tower Grove Ave Date signed 12/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ley Campbell

Licensed Embalmer No. 3881

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.