. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6839

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1886

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Arnold 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0
(If rural, give location)

N R 1

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

If yes, name country

3. (a) PRINT FULL NAME Mary (Birdie) Ogle

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife John W. Ogle

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

7. Birth date of deceased October 23 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	4	0	hr. min.

9. Birthplace St. Louis, Missouri (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name August Brinkman 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Clemmens
15. Birthplace Pennsylvania 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Ogle

(b) Address Arnold, Missouri Rt.1,

17. (a) Burial (b) Date thereof 2-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parklawn Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 S. Grand Blvd.,

19. (a) FEB 24 1948 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23
year 1948 hour 11:50 minute A.M.

21. I hereby certify that I attended the deceased from Aug 16, 1941, to February 23, 1948;
that I last saw her alive on February 23, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive cardio-vascular renal disease	6 years
Due to Generalized arteriosclerosis	?
Due to	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	6 years

Major findings:
Of operations —
Of autopsy —

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

23. Signature John Gwarner (M. D. or other)

Address Paul Brown Bldg Date signed Feb 24 48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DR. ROB'T WARNER,
PAUL BROWN BLDG
10 30 TO 3 P.M.

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 J. Wm Brinkley

Licensed Embalmer No. 3653

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.