

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10913

State File No. \_\_\_\_\_  
Registrar's No. 3102

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3102			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.							
b. CITY OR TOWN ST. LOUIS				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS					
d. FULL NAME OF HOSPITAL OR INSTITUTION 3647 Ohio Av.				d. STREET ADDRESS (If rural, give location) 29 - 3647 Ohio Av.							
3. NAME OF DECEASED (Type or Print) STANLEY D. OGDEN SR.			a. (First)			b. (Middle)			c. (Last)		
5. SEX M. D.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED M.		8. DATE OF BIRTH SEPT-5-1869		9. AGE (In years last birthday) 80 YRS		4. DATE OF DEATH (Month) (Day) (Year) APRIL-2-50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo D			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME OGDEN.				13b. MOTHER'S MAIDEN NAME CHARLOTTE			14. NAME OF HUSBAND OR WIFE UNK. MARY K. OGDEN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Mary K. Ogdren 3647 Ohio Av.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis									
		ANTECEDENT CAUSES									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			H222			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from May 23, 1949, to Mar. 27, 1950, that I last saw the deceased alive on Mar 27, 1950, and that death occurred at 12:01 AM, from the causes and on the date stated above.											
23a. SIGNATURE J. T. Keyton, MD				23b. ADDRESS 3430 S. Jefferson Ave.			23c. DATE SIGNED APR. 3, 1950				
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE APRIL-4-50		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 3 1950 J. B. Lucater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS E. J. Schmur 3125 Lafayette Av.									

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Joe B. Holmes*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *9125 Lafayette*

**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.