

S. No. 100
EV. 10.48

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18894

State File No.

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **1297**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. CITY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		c. LENGTH OF STAY (In this place) YEARS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7010 MARYLAND AVE.		c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY	
		d. STREET ADDRESS (If rural, give location) 7010 MARYLAND AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) IRENE		c. (Last) OHLE.		4. DATE OF DEATH (Month) (Day) (Year) May 21 1950	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH APRIL 3, 1881	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY - - - -		11. BIRTHPLACE (State or foreign country) JAMESTOWN, N.Y.		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME WILLIAM HOWER.		13b. MOTHER'S MAIDEN NAME REBECCA SLOAN.		14. NAME OF HUSBAND OR WIFE ERNEST L. OHLE.	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ERNEST L. OHLE., CHICAGO, ILLINOIS.	
---	--	--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma of breast DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
--	--	--	--	---	--

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 June, 1947, to 5-21, 1950, that I last saw the deceased alive on 5-20, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Keith Swigon, M.D. O		22b. ADDRESS 4952 Maryland		22c. DATE SIGNED 5-21-50	
---	--	--------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION REMOVAL (Specify) CREMATION		24b. DATE 5/23/1950		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CREMATORY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	
--	--	-------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. 5-21-50		REGISTRAR'S SIGNATURE Herbert P. Sonda, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. LUPTON & SONS; 7233 DELMAR BLVD.,	
--	--	--	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Clarence F. Murray

Licensed Embalmer No. _____

4011

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.