

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32113

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2389</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>University City</u>		c. LENGTH OF STAY (In this place) <u>year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		<u>4326</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence-7829 LaFon Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>7829 LaFon Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>OGLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4, 1950</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 8, 1908</u>		9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>sales-manager</u>		10b. KIND OF BUSINESS* OR INDUSTRY <u>Electrical Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Oklahoma City, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Russell H. Ogle</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Arthemise Ogle</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Artemise Ogle, 7829 LaFon Avenue</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphosarcoma (retroperitoneal)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>gross</u>				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? <u>fall</u>			
22. I hereby certify that I attended the deceased from <u>August 20, 1948</u> , to <u>10-4</u> , 1950, that I last saw the deceased alive on <u>10-4</u> , 1950, and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wanda Becke, M.D.</u>				23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>10/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>10-6-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-5-50</u>		REGISTRAR'S SIGNATURE <u>W.Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. R. Lupton &amp; Sons-7233 Delmar Blv'd., University City, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

University City, Mo.

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 Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.