

No. 300
10-48

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6496

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1034**

2009
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location)
82 TOWN Affton
Rt. #14 Box 1494 Elm Park

d. FULL NAME OF HOSPITAL OR INSTITUTION
Alexian Bros. Hospital

3. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM C. OGLE **Jan. 31 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb. 26, 1889** 9. AGE (In years last birthday) **61** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Real Estate Broker-Ogle Real Estate Co. Milton, Tenn.** 11. BIRTHPLACE (State or foreign country) _____ 12. CITIZEN OF WHAT COUNTRY? _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Real Estate Broker-Ogle Real Estate Co. Milton, Tenn.** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) _____ 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **G. A. Ogle** 13b. MOTHER'S MAIDEN NAME **Martha A. Oakley** 14. NAME OF HUSBAND OR WIFE **Minnie Ogle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Minnie Ogle** ADDRESS **Rt. 14 Box 1494 Elm Park**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
ANTECEDENT CAUSES **Chronic Cardiovascular Disease**
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.**
INTERVAL BETWEEN ONSET AND DEATH **3 years**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) **L/221**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 1, 1948**, to **Jan. 31, 1951**, that I last saw the deceased alive on **Jan 31, 1951**, and that death occurred at **10:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Pauline M. Smith, M.D.** 23b. ADDRESS **4146 So. Grand** 23c. DATE SIGNED **2/1/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb. 3, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **FEB 1 1951** REGISTRAR'S SIGNATURE **J B Lacoste** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Kriegshauser 4228 S. Kingshighway Bl.**

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.....
Student Embalmer

Signed Richard W. Stoverson

Licensed Embalmer No. 4007

P. O. Address _____

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.