

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1951

State File No. 6502
Registrar's No. 1108

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis, 2139	
c. LENGTH OF STAY (In this place) 37 Years		d. STREET ADDRESS (If rural, give location) 5400 Arsenal St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Oughton		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 20, 1871
9. AGE (In years last birthday) 79	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A	11. BIRTHPLACE (State or foreign country) England	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a.	10b.	11.	12.
13a. FATHER'S NAME Henry Oughton		13b. MOTHER'S MAIDEN NAME Rebecca Wilson	
14. NAME OF HUSBAND OR WIFE			
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 Mrs. Fred Ahlemeyer		ADDRESS 4191 Farlin Ave.	
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES DUE TO (b) Generalized Arteriosclerosis 20 yrs DUE TO (c) Pulmonary Tuberculosis - less than 6 mos 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	
20. AUTOPSY? YES <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 002X			
22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Feb. 1, 1951, that I last saw the deceased alive on Feb. 1, 1951, and that death occurred at 2:15a m., from the causes and on the date stated above.			
23a. SIGNATURE Paul T. Hartman M.D.		23b. ADDRESS 5400 Arsenal St.	
23c. DATE SIGNED 2/3/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 5, 51	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. FEB 5 1951		REGISTRAR'S SIGNATURE J. B. Lanter	
25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc		ADDRESS 2161 E. Fair Ave.	

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.....
Student Embalmer

Signed.....
Licensed Embalmer No. 42026

P. O. Address.....
Hous. Md

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.