

FILED DEC 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42648

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3054 Registrar's No. 245

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY (If outside corporate limits, write RURAL and give town) St Charles
c. LENGTH OF STAY (in this place) 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION St Josephs Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY (If outside corporate limits, write RURAL and give township) Overland
d. STREET ADDRESS (If rural, give location) 3316 Calvert

3. NAME OF DECEASED (Type or Print)
a. (First) Henry J b. (Middle) c. (Last) Oughton

4. DATE OF DEATH Dec 13 1951

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH Apr 24 1886

9. AGE (In years last birthday) 65
10. MONTH (Day) (Year) 7 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician

10b. KIND OF BUSINESS OR INDUSTRY Communications

11. BIRTHPLACE (State or foreign country) St Louis Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Oughton

13b. MOTHER'S MAIDEN NAME Margaret Murphy

14. NAME OF HUSBAND OR WIFE Catherine Oughton

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. 488-10-4723

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Oughton 3316 Calvert

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) Acute pancreatic necrosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforated gastric ulcer
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 1 wks
6 mo.

19a. DATE OF OPERATION 12/7/51

19b. MAJOR FINDINGS OF OPERATION Perforated gastric ulcer with acute pancreatitis

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR 5401

22. I hereby certify that I attended the deceased from 11/17, 1951, to 11/13, 1951, that I last saw the deceased alive on 11/12, 1951, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE Walter E. Gray M.D. (Degree or title)

23b. ADDRESS 8938 St Charles Road St Louis 14 Mo

23c. DATE SIGNED 12/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12/17/51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. 12-24-51 REGISTRAR'S SIGNATURE Ravine

25. FUNERAL DIRECTOR'S SIGNATURE ORTmann F Home 9222 Lackland Overland Mo

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

File No.

DISTRICT HEALTH OFFICE No. 4

DEC 21 1951

RECEIVED

JAN 21 1952

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 Al. C. Orstman

Licensed Embalmer No. 3478

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.