

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26601

State File No. ....

FILED JUL 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1894

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>2199</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson, Mo.,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> /	
c. LENGTH OF STAY IN THIS PLACE <u>32 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>4040 Olive St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNKNOWN</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wallace</u>	b. (Middle) <u>Blaine</u>	c. (Last) <u>Ozment</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 11 1952</u>
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5. SEX <u>Male</u> C	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> 3	8. DATE OF BIRTH <u>July 9 1910</u>	9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic Appliance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wack Bros. App</u>	11. BIRTHPLACE (State or foreign country) <u>Metropolis, Illinois</u> /	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Blaine Ozment,</u>	13b. MOTHER'S MARIEN NAME <u>Lillie McCormack</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No none</u>	16. SOCIAL SECURITY # <u>354-10-8081</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Donald Hays, Ferguson, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left leg 2-3 mos. still had a splint on</u>		

19a. DATE OF OPERATION <u>Unknown</u>	19b. MAJOR FINDINGS OF OPERATION <u>Unknown</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 7-11, 1952, to 7-11, 1952, that I last saw the deceased alive on 7-11, 1952 and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.D. Johnson M.D.</u>	23b. ADDRESS <u>Ferguson Mo</u>	23c. DATE SIGNED <u>7-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-14-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookport, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>7-11-52</u>	REGISTRAR'S SIGNATURE <u>Hebert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kennedy Funeral Home, Brookport, Ill.</u>
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**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

*Benjamin*

Licensed Embalmer No. 4366

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.