V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33294

FILED SEP 25 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8358

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

1. PLACE OF DEATH
a. COUNTY: St. Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 18 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sugarloaf Township
d. STREET ADDRESS (If rural, give location): E. Carondelet, Illinois RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): E.
c. (Last): OZEE

4. DATE OF DEATH (Month) (Day) (Year): Sept 2 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 25, 1889
9. AGE (In years last birthday): 63 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): switchman
10b. KIND OF BUSINESS OR INDUSTRY: M O P Railroad
11. BIRTHPLACE (City and State or Foreign Country): Mounds, Illinois
12. CITIZEN OF WHAT COUNTRY?: U S A.

13a. FATHER'S NAME: Walter Ozee
13b. MOTHER'S MAIDEN NAME: Mary Pendleton
14. NAME OF HUSBAND OR WIFE: Minerva Renollet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 702 14 6378
17. INFORMANT'S SIGNATURE OR NAME: Mrs Walter Ozee — ADDRESS: E. Carondelet Illinois

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. Myelogenous Leukemia — 2 yrs.
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
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?: 490X H

22. *I hereby certify that I attended the deceased from* 8/16, 1952, *to* 9/2, 1952, *that I last saw the deceased alive on* 9/2, 1952, *and that death occurred at* 9.30p *m., from the causes and on the date stated above.*

23a. SIGNATURE: David B. Hosto (Degree or title): M.D.
23b. ADDRESS: Mo Pac Hosp
23c. DATE SIGNED: 9/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 5
24b. DATE: Sept 2, 1952
24c. NAME OF CEMETERY OR CREMATORY: local
24d. LOCATION (City, town, or county) (State): Dupo, Illinois

DATE REC'D BY LOCAL REG.: SEP 4 1952
REGISTRAR'S SIGNATURE: J Earl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Harold A. Dashner — ADDRESS: Dupo, Illinois

(Licensed Embalmer's Statement on Reverse Side)

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 Harold A. Dashner

Licensed Embalmer No. 4121

P. O. Address Dupo, Illinois

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.