

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43692

State File No.

DEC 24 1952

318

1003

11212

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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) OR TOWN St. Louis	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2187	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4387 Chouteau Ave.		d. STREET ADDRESS (If rural, give location) 18 4387 Chouteau Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) WESLEY c. (Last) OGLE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 3 1952					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 2, 1875	9. AGE (In years last birthday) 77	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) Moulder Helper-(retired)		10b. KIND OF BUSINESS OR INDUSTRY Banner Iron Co.		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Louis Ogle	13b. MOTHER'S MAIDEN NAME Sarah Williams	14. NAME OF HUSBAND OR WIFE Jennie V. 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 ADDRESS Jennie V. Ogle 4387 Chouteau 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MA</u>			

19a. DATE OF OPERATION <u>MA</u>	19b. MAJOR FINDINGS OF OPERATION <u>MA</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>MA</u>	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) <u>MA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>4201</u>

22. I hereby certify that I attended the deceased from 2/24, 1946 to Aug 23, 1952; that I last saw the deceased alive on Aug 23, 1952, and that death occurred at 5:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Priscilla C. Hall M.D.</u>	(Degree or title)	23b. ADDRESS <u>3902 a Lafayette</u>	23c. DATE SIGNED <u>12/5/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Dec. 6, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 5 1952</u>	REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauer 4228 S. Kingshighway Bl</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard W. Storaasli

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.