

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27242
State File No.

FILED JUL 23 1953
BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1937

4001
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>		b. COUNTY _____	
b. CITY OR TOWN <u>PINE LAWN</u>		c. LENGTH OF STAY (in this place) <u>2 YRS.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SHAMROCK NURSING Home</u>		e. STREET ADDRESS (If rural, give location) <u>2641 ANN AV. 2239</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle) <u>Ogle</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-12-53</u>					
5. SEX <u>FEM</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>Oct-21-1871</u>		9. AGE (In years last birthday) <u>81 YRS.</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HRS. Hours _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>HENRY DREES</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES D. Ogle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Ogle</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum with metastases to liver.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years?</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>154K</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from <u>May 18, 1953</u> , to <u>July 12, 1953</u> , that I last saw the deceased alive on <u>July 6, 1953</u> , and that death occurred at <u>5:15 p m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Lewis Littmann</u>		23b. ADDRESS <u>MD #8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>7/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schner</u>		ADDRESS <u>3125 Lafayette Ave</u>	
DATE REC'D BY LOCAL REG. <u>7-13-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>		521 (Licensed Embalmer's Statement on Reverse Side)	

JUL 23 1953

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.....
Signature of Student Embalmer

Signed *John B. Vallmull*.....
Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.