

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Salem		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				e. STREET ADDRESS (If rural, give location) 412 4			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) Eldon c. (Last) Ogg			4. DATE OF DEATH (Month) (Day) (Year) 3 31 1954				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 20 1928		9. AGE (In years last birthday) 26	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Salem Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME James Ogg		13b. MOTHER'S MAIDEN NAME Amelia Glammeyer		14. NAME OF HUSBAND/OR WIFE Mary Alice Ogg.			
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. Unk.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Ogg Salem Ill.			
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) Hypertensive cardiovascular disease			
				INTERVAL BETWEEN ONSET AND DEATH 5 yrs.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) Chronic Glomerulonephritis			
				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 <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) 592X			
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 3/18, 1954, to 3/31/1954, that I last saw the deceased alive on 3/31/1954, and that death occurred at 11:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. P. ... M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 3/31/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-1-54		24c. NAME OF CEMETERY OR CREMATORY East Lawn		24d. LOCATION (City, town, or county) (State) Salem Ill.	
DATE REC'D BY LOCAL REG. APR 1 1954		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe 4704 Washington Ave.			

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 J. Haines*
Licensed Embalmer No. *44*
P. O. Address *W. Row*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.