

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13746  
Registrar's No. 3398

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) St. Louis		c. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 mon.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 5744 Floy Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) J.		c. (Last) Ogier		4. DATE OF DEATH (Month) (Day) (Year) Apr. 14 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 3 1898	
9. AGE (In years last birthday) 36		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Keokuk Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Ogier		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Helen Ogier	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, state year or dates of service) WW I		16. SOCIAL SECURITY NO. WW I		17. INFORMANT'S SIGNATURE OR NAME Helen Ogier		ADDRESS 5744 Floy Ave.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Glomerulonephritis, chronic</i>				INTERVAL BETWEEN ONSET AND DEATH <i>years</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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.					

19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>		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) - - -		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>592X</i>			

22. I hereby certify that I attended the deceased from *1-21, 1955*, to *4-14, 1955*, that I last saw the deceased alive on *4-14, 1955*, and that death occurred at *10:45 Am.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Edward P. R. &amp; L. M.D.</i>		23b. ADDRESS <i>1506 Olive St. Louis (8) Mo.</i>		23c. DATE SIGNED <i>4-15-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/18/55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 16 1955</i> <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Buchholz Mortuary 5967W. Florissant</i>	
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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.....  
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*.....

P. O. Address *St. Louis*.....

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.