

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012106

STATE FILE NUMBER

2449

FILED MAR 19 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2449

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1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hosp.</u>		Length of stay in lb <u>48 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>6103 Ella</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) LAST <u>OGARA</u> FIRST <u>GLA OYS</u> MIDDLE <u>RUTH</u>		4. DATE OF DEATH Month <u>2</u> Day <u>27</u> Year <u>58</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 24TH 1905</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Punch Press Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) <u>CHICAGO, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ISAAC Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>INEZ ARRT</u>	
14. NAME OF HUSBAND OR WIFE <u>LED O'GARA</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>	
16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>920 ST. ANTHONY LANE</u> <u>EDYTHE HENDRICKS</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ⓢ Pulmonary Embolus</u> DUE TO (b) <u>Phlebitis of lower extremities</u> DUE TO (c) <u>Recent myocardial infarction</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>ASHD 763x</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>2/12/58</u> to <u>2/27/58</u> and last saw ^(her) _(him) alive on <u>2/27/58</u> Death occurred at <u>5 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arden Cohn M.D.</u>		22b. ADDRESS <u>Jewish Hosp. St. Louis</u>	
22c. DATE SIGNED <u>2/27/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
23b. DATE <u>3/3/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS CO., MISSOURI</u>		(State)	
24. FUNERAL DIRECTOR <u>Calvin Feuty</u>		25. DATE RECD. BY LOCAL REG. <u>FEB 28 '58</u>	
ADDRESS <u>4828 NATURAL BRIDGE ST. LOUIS, 15, MO.</u>		26. REGISTRAR'S SIGNATURE <u>J. Paul Smith, M.D.</u> <u>S.P.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ralph C. Linder*

Licensed Embalmer No. *4275*
P. O. Address *St. Louis, Mo.*

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.