

t. Health,
, & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020552
STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1268

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1. PLACE OF DEATH a. COUNTY Manchester, ST. LOUIS <i>MANCHESTER</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. <i>MO.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANCHESTER <i>MANCHESTER</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Nursing Home <i>PINE CREST NURSING HOME</i>		Length of stay in lb 3 days <i>3 days</i>	d. STREET ADDRESS (If outside, give location) 1217 Tyler Ave <i>1217 TYLER</i>
3. NAME OF DECEASED (Type or print) Susanna Oglesby <i>SUSANNA OGLESBY</i>		First Middle Last Oglesby	4. DATE OF DEATH May 7, 1958 <i>5-7-1958</i>
5. SEX Female <i>Female</i>	6. COLOR OR RACE White <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 28, 1881 <i>Aug 28 1881</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (in years and birthday) 76
11. BIRTHPLACE (City and state or country) Indiana <i>EVANSVILLE, IN</i>		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Gussel		13b. MOTHER'S MAIDEN NAME Magdaline Baum	
14. NAME OF HUSBAND OR WIFE John S. Oglesby		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 Jos. Oglesby	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy + Dilatation		Don't know	
DUE TO (c) Arterio-sclerosis		Don't know	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): -4500		-19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 May 2 '58 to May 7, '58 and last saw him alive on May 2, '58 Death occurred at 5:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Ralph W. Laffey, M.D.	
22b. ADDRESS Box 12A Manchester, Mo.		22c. DATE SIGNED 5-7-58	
23a. BURIAL, CREMATION, burial	23b. DATE 5-10-58	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR Southern Funeral Home 6322 S. Grand, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. 5-9-58	
26. REGISTRAR'S SIGNATURE Norman P. ...			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *[Handwritten Signature]*

Licensed Embalmer No.

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