

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

51873-58  
1003

58-030831  
STATE FILE NUMBER  
7948

FILED SEP 15 1958

Registration District No. 318 Primary-Registration District No. 1003 Registrar's No. 7948

S. 300  
1-57  
0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN GLASGOW VILLAGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN HOSP.		Length of stay in 1b 1 Mo 9 DAYS	27d. STREET ADDRESS 506 BANAVIE DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST SANDRA JEAN OUGHTON			4. DATE OF DEATH Month Day Year AUG 14 1958		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 5, 1958	9. AGE (In years last birthday) 1	FUNDER YEAR 1 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY OUGHTON		13b. MOTHER'S MAIDEN NAME LILLIAN HAMMER		14. NAME OF HUSBAND OR WIFE NIL	
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. NONE	17. INFORMANT HENRY OUGHTON Address 506 BANAVIE ST. LOUIS CO. 15 MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Cardiac Hypertrophy DUE TO (b) Horseshoe Kidney DUE TO (c) Congenital Mal Formation of long bone articulations. 40 da PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mongolism					INTERVAL BETWEEN ONSET AND DEATH 40 days 40 days
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.) 754.5			
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 July 5, 1958 to Aug. 14, 1958 and last saw her alive on Aug. 14, 1958 Death occurred at 9:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Carl M. Glosin M.D.			22b. ADDRESS 4356 Warne Avenue (7)		22c. DATE SIGNED 8-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG 15, 1958	23c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM		23d. LOCATION (City, town, or county) ST. LOUIS	(State) MO
24. FUNERAL DIRECTOR Suedmeyer & Son		ADDRESS 3934 N. 10 ST.	25. DATE RECD. BY LOCAL REG. AUG 15 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.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 Not Embalmed, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Ralph W. Gudmeyer

Licensed Embalmer No. 2562...

P. O. Address 3924 N. 20th St. St. Louis 7 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.