

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038081

STATE FILE NUMBER 10103

1003

FILED NOV 10 1958

Registration District No. 318 Primary Registration District No.

Registrar's No. 10103

5. 300
7. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		Length of stay in 1b 16	d. STREET ADDRESS (If outside, give location) 3343 MINNESOTA		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle J Last OGG			4. DATE OF DEATH Month OCT Day 20 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB 23 1916		9. AGE (In years last birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAUNDRY MAN		10b. KIND OF BUSINESS OR INDUSTRY ST ANTHONY HOSP.	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U-S-A
13a. FATHER'S NAME FRANK OGG		13b. MOTHER'S MAIDEN NAME ANNA MUCKERMAN		14. NAME OF HUSBAND OR WIFE MARIE OGG	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-26-2571		17. INFORMANT Address MARIE OGG 3343 MINNESOTA AVE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral pleurumonitis with pleural effusion & pneumonia - Acute sinusitis					INTERVAL BETWEEN ONSET AND DEATH: 2 weeks 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 471X					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 WORK <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 10-10-58 to 10-20-58 and last saw him alive on 10-19-58 Death occurred at 19 20-58 215 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>John O. Ford MD</i>			22b. ADDRESS 3739 Leavens		22c. DATE SIGNED OCT 22 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE OCT 23 1958	23c. NAME OF CEMETERY OR CREMATORY ST MONICA CEM.		23d. LOCATION (City, town, or county) (State) CREVE COEUR MO
24. FUNERAL DIRECTOR Thomas Kutis		ADDRESS 2906 Gravois		25. DATE RECD. BY LOCAL REG. OCT 22 1958	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> m 82

(Licensed Embalmer's Statement on Reverse Side)

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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 *Samuel E. Hill*

Licensed Embalmer No. *43471*

P. O. Address *2906*

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.