

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4125 Donovan Street PLACE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME LEXTON OGLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 3 21 1923
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 11 20 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Invalid

11. Industry or business _____

12. Name Lexton Ogle

13. Birthplace Steelville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ludie Woods

15. Birthplace Steelville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. L. Ogle

(b) Address 4125 Donovan Ave.

17. (a) Removal (b) Date thereof 3-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Missouri

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) MAR 12 1944 (b) J. Frederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4125 Donovan Place
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/1-1944
year _____ hour 8 minute _____ M.

21. I hereby certify that I attended the deceased from 3/10-
1944 to 3/11, 1944
that I last saw him alive on 3-10
and that death occurred on the date and hour stated above.
Immediate cause of death Gastro Enteritis Duration _____

Due to _____
Due to _____

Other conditions Chronic Hydrocephalus
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. S. Shuck (M. D. or other) _____
Address 2700 S. Kings Highway Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2460

P. O. Address 6150 Dellmar

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 this body is not embalmed, fact should be so stated above.