

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

OCT 5 1936

35725

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **Uesloge, Hosp.**) St. _____ Registered No. **9345** Ward _____

2. FULL NAME **Clara Ogar,**
(a) Residence, No. **1523 a Cass Ave.** St. **26** Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 14, 1900.**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **36 7 25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Nashville, Ill.**13. NAME **Peter Lolza**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Milwaukee, Wis.**15. MAIDEN NAME **Elizabeth Kujawa,**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Radum, Ill.**17. INFORMANT **Joh Ogar,**
(ADDRESS) **1523 a Cass Ave.,**18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery** DATE **Sept. 12, 1936**19. UNDERTAKER **Central Funeral Home**
(ADDRESS) **1841 Cass Ave.**20. FILED **J. P. Bredeck**
SEP 10 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 9, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Sept. 2, 1936, to Sept 9, 1936**I last saw her alive on **Sept. 9, 1936** Death is said to have occurred on the date stated above, at **4:10 p.m.**

The principal cause of death and related causes of importance were as follows:

Suppurative cardio-vascular disease with arteriosclerosis and cardiac decompensation.

Other contributory causes of importance:
Passive congestion of lungs, liver & kidneys, about Sept. 1, 1936

Name of operation **None** Date of _____
What test confirmed diagnosis? **Physical Ex. & Lab. Tests** Was there an autopsy? **No**23. If death was due to external causes (violence), fill in also the following: **No**
Accident, suicide, or homicide? _____ Date of injury _____, 19____Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify _____(Signed) **G. O. Brown**, M. D.
(Address) **G. O. Brown**

