

REG AUG 25 1940 791
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 24 years

3. (a) PRINT FULL NAME Fred Savoy Oglesby 242

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 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 Sept. 2ND 1906
(Month) (Day) (Year)

8. AGE: Years 33 34 Months 7 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Boliva Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name John Oglesby

{ 13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown

{ 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Austin Oglesby
(b) Address 1547 So. 3rd St.

17. (a) Washington Park (b) Date thereof 7 26 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. J. Burke
(b) Address 1700 S. 3rd St.

19. (a) JUL 25 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1547 S 3rd
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 7:50 minute A M.

21. I hereby certify that I attended the deceased from July 15 1940 to July 21 1940;
that I last saw him alive on July 21 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Tuberculous Arthritis, Rt Knee
Tuberculous Spondylitis, 2nd &
3rd Lumbar Vertebra Duration 6 wks
6 years

Due to Lungs not involved

Due to _____

Other conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 26

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

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

23. Signature E. A. Mc Donnell (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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 Rouis V. Attine

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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, above space should be left blank.