

FILED JUL 17 1943
Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **6141**

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL")
(c) Street No. 1435 Marcus Ave
(If rural, give location)
(d) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY F. OGLE

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married 2 divorced widowed
6. (b) Name of husband or wife Late George Ogle
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 25th 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Hillsboro Mo
(City, town, or county) (State or foreign country)

10. Usual occupation presser at cleaning co

11. Industry or business retired

12. Name George Pierce

13. Birthplace Hillsboro Mo
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Lemon

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

16. (a) Informant Walter Ogle

(b) Address 2924 Hilldale Ave

17. (a) Burial (Burial, cremation, or removal) Funeral Home (b) Date thereof 7-7-43
(Month) (Day) (Year)

(c) Place: burial or cremation Ware, Mo

18. (a) Signature of funeral director Walter Ogle

(b) Address 4228 So Kings Highway

19. (a) Mo (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1943 hour 11 minute 23 PM

21. I hereby certify that I attended the deceased from June 24
1943 to July 4 1943
that I last saw her alive on July 4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebromeningeal hemorrhage
Duration _____

Due to _____
Due to _____
Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature Ray D. Williams (M. D. or other) _____
While at work? _____ (Specify type of place) _____
Means of injury _____
Address 114 N. Taylor St. Louis Date signed 7/6/43

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

MOTHER FATHER

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 *Richard W. Stowersand*
Licensed Embalmer No. *4007*
P. O. Address.....

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.