

FILED SEP 9 1943

Primary Registration District No. 4185

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

1. PLACE OF DEATH

(a) County Franklin

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

(c) Name of hospital or institution: 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 _____
years, months or days

3. (a) PRINT FULL NAME Theodore Oglesby

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 married

6. (b) Name of husband or wife Lydia Oglesby

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 8-26-1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>11</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace St. Charles mo
(City, town, or county) (State or foreign country)

10. Usual occupation Trucking

11. Industry or business Trucking

12. Name Wm E Oglesby

13. Birthplace St. Charles mo
(City, town, or county) (State or foreign country)

14. Maiden name Nora Shallahammer

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

16. (a) Informant Lydia Oglesby

(b) Address St. Clair Missouri

17. (a) burial (b) Date thereof 8-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair mo

18. (a) Signature of funeral director Carey & Denny

(b) Address St. Clair mo

19. (a) 8/10/43 (b) P. J. King Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Franklin

(c) City or town St. Clair
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 9
year 1943 hour _____ minute 7.15 P.M.

21. I hereby certify that I attended the deceased from 6-11-43
1943, to Aug 9, 1943
that I last saw h. in alive on Aug 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis

Due to _____

Due to _____

Other conditions (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 W. D. Duvall (M. D. or other) _____
Address St. Clair mo Date signed 8/10/43

Duration 30 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Geo. L. Shields

Licensed Embalmer No.

3008

P. O. Address

Paerhi No

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.