No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40036

FILED DEC 15 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11185

WRITE PLAINLY—USING 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 2037a Adelaide Ave
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2037a Adelaide Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Louise B. 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, divorced Married

6. (b) Name of husband or wife Warren W. Olge

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

7. Birth date of deceased April 15, 1889
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	7	20	hr. min.

9. Birthplace St. Genevieve, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Henry Stolte
13. Birthplace Louisana
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Zoe LaChance
15. Birthplace St. Genevieve Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Warren W. Olge
(b) Address 2037a Adelaide Ave

17. (a) Burial (b) Date thereof 12/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve, Mo.

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) DEC 7 - 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th
year 1947 hour 11:10 PM minute M.

21. I hereby certify that I attended the deceased from November 30, 1947 to Dec 5, 1947
that I last saw her alive on Dec 5, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of breast, rt.	10 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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PHYSICIAN

Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence not applic.

(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) 0
While at work? — (e) Means of injury —

23. Signature G. Russell Aufder Heide (M. D. or other) M.D.
Address 3720 Washington Blvd. Date signed Dec. 6, 1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Welford G. Burnley

Licensed Embalmer No. 4203

P. O. Address St Louis Mo

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.