

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10391**

FILED MAR 24 1952

Registrar's No. **1971**

|  |                              |  |  |   |   |   |  |                                  |  |
|--|------------------------------|--|--|---|---|---|--|----------------------------------|--|
| BIRTH NO. _____  |                              | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |   | Registrar's No. <b>1971</b>   |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                              |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____   |   |   |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Saint Louis</b>   |                              | c. LENGTH OF STAY (in this place)<br>township) _____   |  | c. CITY (If outside corporate limits, write BURAL and give township)<br><b>Saint Louis</b>  |   | 2059  |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Deaconess Hospital</b>   |                              |  |  | d. STREET ADDRESS (If rural, give location)<br><b>5 5475 Cabanne</b>  |   |   |  |                                  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Charles</b><br>b. (Middle) <b>Barnes</b><br>c. (Last) <b>Ogle</b>  |                              |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>2 28 1952</b> |   |   |   |  |                                  |  |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                               |  | 8. DATE OF BIRTH<br><b>3/10/73</b>  |   | 9. AGE (In years last birthday)<br><b>78</b>  |  |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Passenger Agent</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railway</b>  |  | 11. BIRTHPLACE (State or foreign country)<br><b>Litchfield, Ill</b>   |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  |                                  |  |
| 13a. FATHER'S NAME<br><b>Joseph T. Ogle</b>  |                              |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Emma Barnes</b>         |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ione Tavener Ogle</b> |   |  |                                  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                              | 16. SOCIAL SECURITY NO.<br><b>707-05-0872</b>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Charlene Baumgartner 1018 Bompert</b>   |   |   |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                    |                              |  |  | MEDICAL CERTIFICATION<br>DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b><br><br>ANTECEDENT CAUSES<br><b>Fracture of the right hip.</b><br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) _____<br><b>Probably generalized carcinomatosis metastatic to the bone.</b><br>DUE TO (c) _____<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i><br><b>Infirmities of age.</b> |   |   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| 19a. DATE OF OPERATION   |                              | 19b. MAJOR FINDINGS OF OPERATION<br><b>No surgery performed. 000</b>                                   |  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>  |                              | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Missouri</b>  |   |   |  |                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>Feb 21, 1952</b>   |                              | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><b>Fall at Home</b>   |   |   |  |                                  |  |
| 22. I hereby certify that I attended the deceased from <b>1949</b> , 19____, to <b>2/28/52</b> , 19____, that I last saw the deceased alive on <b>2/28/52</b> , 19____, and that death occurred at <b>1, 35 P.</b> , from the causes and on the date stated above. |                              |  |  |   |   |   |  |                                  |  |
| 23a. SIGNATURE<br><b>Maurice P. Roche M.D.</b>   |                              |  |  | 23b. ADDRESS<br><b>3720 Washington</b>  |   | 23c. DATE SIGNED<br><b>2/29/52</b>  |  |                                  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                              | 24b. DATE<br><b>3/152</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Hiram Park</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>St Louis Mo.</b>                |  |                                  |  |
| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE<br><b>MAR 2 1952</b>  |                              | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith md</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Robert J. Ambruster, Inc. 6633 Clayton</b>   |   |   |  |                                  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ernest W. Spillers* .....

Licensed Embalmer No. *4080* .....

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.