

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2217**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 5702 Maffitt Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Wright c. (Last) Ogle			4. DATE OF DEATH (Month) (Day) (Year) 3 7 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/8/82		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 4 Days 29 IF UNDER 24 HRS. Min.	
11. BIRTHPLACE (State or foreign country) Hemetite, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Samuel Ogle	13b. MOTHER'S MAIDEN NAME Josephine Taylor	14. NAME OF HUSBAND OR WIFE Caroline Huber Ogle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 488-07-7997A	17. INFORMANT'S SIGNATURE OR NAME Charles E. Ogle	ADDRESS 2656 State St. Granite City Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) To of the right lower leg at middle with lower third (anterior) - with infection - suffered when struck by auto driven by one Marvin Roth at intersection of Kings highway and Wells around 640 pm		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) As above	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death at the result of criminal car. cause not as determined			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION July 13, 1952 It either occurred at the result of criminal car. cause not as determined	20. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 000	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 8124 - 25

22. I hereby certify that I attended the deceased from 19 **19**, to 19 **19**, that I last saw the deceased alive on 19 **19**, and that death occurred at 2:25 **2:25** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS 1300 Clark Ave.	23c. DATE SIGNED 3/8/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/10/52	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 8 1952 <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road <i>[Signature]</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Ernest W. Gillars

Licensed Embalmer No.....

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.