S. No. 300
v. 10.48

FILED JUL 31 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26774

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1953

1. PLACE OF DEATH
a. COUNTY St. Louis 4001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Normandy St. Louis Mo.
c. LENGTH OF STAY (In this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Normandy Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. [redacted]
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo. 2069 6 1
d. STREET ADDRESS (If rural, give location) 5051 Ridge Ave

3. NAME OF DECEASED (Type or Print) a. (First) WALTER EUGENE OGDEN b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) July 19 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 26 1877
9. AGE (In years last birthday) 74 | If under 1 year: Months 1 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paperhanger
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and State or Foreign Country) Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Marion Ogden
13b. MOTHER'S MAIDEN NAME Maria Rainey
14. NAME OF HUSBAND OR WIFE [redacted]ERINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME James Ogden 5717 Etzel Ave. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis & Angina — 2
DUE TO (c) Aterioscleroses — 2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ☒
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18, 1952, *to* 7-19, 1952, *that I last saw the deceased alive on* 7-19, 1952, *and that death occurred at* 11.50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE T. E. Farley (Degree or title) 502
23b. ADDRESS 6683 Lillian St. Louis Mo.
23c. DATE SIGNED 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 22, 1952
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis Mo. (State)

DATE REC'D BY LOCAL REG. 7-21-52
REGISTRAR'S SIGNATURE Herbert J. Drinks M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Edwin Funeral ADDRESS 1389 Union

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

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.