

FILED AUG 1 1952  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

REG #103700

BIRTH NO. ....

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 200

Registrar's No. 2001

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCIS</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (In this place) <b>1 DAY</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEADINGTON</b>		9940
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			d. STREET ADDRESS (If rural, give location) <b>NONE</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>W.</b> c. (Last) <b>OGLES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-24-52</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>C WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11-7-1879</b>	9. AGE (In years last birthday) <b>72</b>	10. MONTHS <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ALLEN CO., KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>GRANVILLE OGLES</b>		13b. MOTHER'S MAIDEN NAME <b>MATHILDA KILLMAN</b>		14. NAME OF HUSBAND OR WIFE <b>ALVIE OGLES</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 YRS</b>
			DUPLICATE TO (b) <b>ARTERIOLEAR NEPHROSCLEROSIS</b>		5 YRS
			DUPLICATE TO (c) <b>442X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) <b>VA</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>7-23-52</b> , 19 <b>52</b> , to <b>7-24-52</b> , 19 <b>52</b> , and that death occurred at <b>3:15A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. A. ALLEN R R Allen MD</b>			23b. ADDRESS <b>VAH, JEFFERSON BARRACKS, MISSOURI</b>		23c. DATE SIGNED <b>7-24-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal 4</b>	24b. DATE <b>7-25-52</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>FLAT River Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-26-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombek M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CALSWELL - FLAT River, Mo</b> ADDRESS		

SEP 25 1952

SEP 2 1952

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

*Ronald O. Yabuke*

Licensed Embalmer No. 3417

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.