

FILED AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29863
State File No. _____
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7258**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7258	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY 2164			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) 3		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 5560 Waterman Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Temple							

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) Ogan		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 31, 1874
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assist. Engineer	11. BIRTHPLACE (City and State or Foreign Country) Dayton, Ohio
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Masonic Temple	
		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Commodore Perry Ogan		13b. MOTHER'S MAIDEN NAME Harriett E. Gardner		14. NAME OF HUSBAND OR WIFE Adda B. Ogan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 703-03-1344		17. INFORMANT'S SIGNATURE OR NAME Mrs. Adda B. Ogan, 5560 Waterman	
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			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		
DUE TO (b) Coronary Occlusion		
DUE TO (c) Myocardial Infarction		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 11:57 A.M., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Cov. 3		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7.28.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7/30/52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
		24d. LOCATION (City, town, or county) (State) Dayton, Ohio			

DATE REC'D BY LOCAL REG. JUL 29 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, 6175 Delmar	
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(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 jos. E. McCulloch
1

Licensed Embalmer No. 2480

P. O. Address 6170 Pellmar

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.