

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **356911**

FILED OCT 24 1956

BIRTH NO. **74431-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2441**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -- a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy, Mo.		c. CITY OR TOWN 4020 Mokane	
c. LENGTH OF STAY (in this place) 10hr 34min		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Normandy Oskapothic Hosp.		e. STREET ADDRESS (If rural, give location) 10553 Duke Drive	

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) Ann c. (Last) Ougenstein	4. DATE OF DEATH (Month) (Day) (Year) 10-16-56
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5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED (), WIDOWED, DIVORCED () NEVER MARRIED	8. DATE OF BIRTH October 16, 1956	9. AGE (In years last birthday) 70 34	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	11. BIRTHPLACE (City and State or Foreign Country) Normandy, Mo., Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Norman W. Ougenstein	13b. MOTHER'S MAIDEN NAME Patricia M. Beave	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Norman W. Ougenstein	ADDRESS 7590
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) emphysema, respiratory apli DUE TO (c) Pneumonia		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **10-16-56**, 19**56**, to **10-16-56**, 19**56**, that I last saw the deceased alive on **10-16-56**, 19**56**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Deer Knapp (Degree or title)	23b. ADDRESS 202 49917 hush	23c. DATE SIGNED 11/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-56	24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. 10-17-56	REGISTRAR'S SIGNATURE Herbert R. Tomke	FUNERAL DIRECTOR'S SIGNATURE Pollier's Mortuary	ADDRESS 10123 St. Char. Rd
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.....
Signature of Student Embalmer

Signed..... *No Embalming*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.