

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46172
STATE FILE NO. 12599
Registrar's No.

FILED JAN 13 1958

Registration District No. 318 Primary Registration District No. 1003

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | | | |
|---|---------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1570 5111 Dresden Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN OGLESBY | | | 4. DATE OF DEATH Month Day Year Dec. 28 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 22, 1908 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furnace Repair Man | | 10b. KIND OF BUSINESS OR INDUSTRY Gross Aire Mfg. Co. Illinois | | 11. BIRTHPLACE (City and state or country) / Illinois | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Oglesby | | 13b. MOTHER'S MAIDEN NAME Suzanna Goessel | |
| 14. NAME OF HUSBAND OR WIFE Fannie R. Oglesby | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None | | 16. SOCIAL SECURITY NO. 497-01-0092 | |
| 17. INFORMANT Address Fannie R. Oglesby 5111 Dresden Ave. | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION ACUTE DUE TO (b) CORONARY ARTERY DISEASE DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ANTERIOR MYOCARDIAL INFARCTION OLD | | INTERVAL BETWEEN ONSET AND DEATH SUDDEN 6 1/2 YRS. | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION St. Louis | | COUNTY | | STATE | |
| 21. I attended the deceased from 6-10-51 to 12-28-57 and last saw her alive on 12-26-57 Death occurred at 5:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Henry T Cooper M.D. | | 22b. ADDRESS 815 Olive | |
| 22c. DATE SIGNED 12/28/57 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Dec. 30, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | | 23d. LOCATION (City, town, or county) St. Louis; Mo. | | (State) | |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway | | 25. DATE RECD. BY LOCAL REG. DEC 30 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P. | |

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 *William P. White*

Licensed Embalmer No. *4291*

P. O. Address *228 St. George St.*

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.