

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo

(No. Manassas Baptist Hospital)

File No. 15722  
Registered No. 4168  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Goldie Bogus

(a) Residence No. 902 West Reed St. 12 Ward. Moberly Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 21 da. How long in U.S., if of foreign birth: 20 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Bogus</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec-25-1906</u>		
7. AGE <u>24</u>	YEARS <u>3</u>	MONTHS <u>8</u>
	DAYS	IF LESS than 1 day: _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Herself</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

10. NAME OF FATHER David Weiss

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

12. MAIDEN NAME OF MOTHER Jennie Deason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Russia

14. INFORMANT Max Kuthan  
(Address) 1817 S. Jefferson

15. FILED 6 1931 REGISTRAR W. O. Stankel

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/3 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/27, 1931, to 4/3, 1931, that I last saw h. ex. alive on 4/3, 1931, and that death occurred, on the date stated above, at 1:20 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute general peritonitis due cholecystitis with stones  
1 1/2 (duration) 2 yrs. mos. 8 ds.  
CONTRIBUTORY (SECONDARY) acute general peritonitis  
(duration) \_\_\_\_\_ yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/29/31  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Willard Bartlett Jr., M. D.  
4/4 1931 (Address) 410 Metropolitan Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cheriah Kedisha  
DATE OF BURIAL Apr-6-1931

20. UNDERTAKER Orlando E. C.  
ADDRESS 4822 Easton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

