

JAN 10 1938

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. **7912**
 Township Primary Registration District No. **1003** File No. **43451**
 City **St/ Louis** (No. **3542 N. 23rd**) St. **11701** (Ward)

2. FULL NAME **Vitus Bogowitz**

(a) Residence, No. **3542 N. 23 D.** St. **20** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Julia Bogowitz** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 11 Th 1860**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 ----- **7--** **7 --**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Laborer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **912**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungaria**

13. NAME **Mathus Bogawits**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austria Hungaria**

15. MAIDEN NAME **Ursala Streek**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Austrtria Hungaria**

17. INFORMANT **Julia Bogawits** (ADDRESS) **3542 N. 23rd Str**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary C.m.** DATE **Dec 21st 1937**

19. UNDERTAKER **Edward Hoch** (ADDRESS) **3516 N 14th St**

20. FILED **DEC 20 1937** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **DEC 18 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 15**, 19**37**, to **Dec 18**, 19**37**

I last saw him alive on **Dec 17**, 19**37**. Death is said to have occurred on the date stated above, at **12:30 p.m.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 10 years
Arteriosclerosis
Coronary Sclerosis

Other contributory causes of importance:

Name of operation **none** Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) **Alfred J. Metzger**, M. D.
 (Address) **2743 W. Grand St.**

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.

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WHITE PEARL WITH UNFADING INK—THIS IS A PERMANENT RECORD

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