CT 8 1938

Per C & Kirksville, Mo

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

Do not use this space.

38886

File No.

Registered No. 1622

1. PLACE OF DEATH

County Saint Louis

Township Carondelet

City Jefferson Barracks (No. , Vet Hosp St. Ward)

Registration District No. 784

Primary Registration District No. 200

2. FULL NAME Louis T. BOGRESS

(a) Residence, No. 612 North Franklin Ave. St., Ward. Kirksville, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF --
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) 1937 -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) ---
(STATE OR COUNTRY) Greece

FATHER

13. NAME Thomas Bogress

14. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Greece

MOTHER

15. MAIDEN NAME Louise Bellie

16. BIRTHPLACE (CITY OR TOWN) -
(STATE OR COUNTRY) Greece

17. INFORMANT Clinical Records Jefferson
(ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville, Mo. DATE Oct. 19 - 1938

19. UNDERTAKER Albert H. Hoppe, Inc.
(ADDRESS) 4700 Washington Blvd.

20. FILED OCT 8 1938 19 T. R. Mayer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 19 38

22. I HEREBY CERTIFY, That I attended deceased from September 14, 19 38, to October 7, 19 38
I last saw him alive on October 7, 1938. Death is said to have occurred on the date stated above, at 4:20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, generalized.	Unkn.
Other contributory causes of importance: Ulcer -gastric, perforated.	Unkn.

(oper. at City Hosp.) St. Louis (forated ulcer
Name of operation Laparotomy with closure of perf. Date of 8/18/38
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) L. FLECK, Act. Chief Med. Off., M. D.
(Address) VAF Jefferson Barracks, Mo.

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.