

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.

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

817
Do not use this space.
817

REC'D FEB 10 1939

791
1003

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(If death occurred in hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
D. 15451
2. PRINT FULL NAME Daniel Bogue
(a) Residence, No. 508 Chestnut St. 25 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Marion Bogue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>48</u>	<u>4</u>	<u>29</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. concessions

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

FATHER
13. NAME Nathan Bogue
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mary Kittenhouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kapoka Mo

17. INFORMANT Hosp. Info M. Kent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE Jan 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edw. J. Smith
1225 Michigan Blvd

20. FILED JAN 26 1939
J. B. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/23/39, 19, to 1/25/39, 19,
I last saw him alive on 1/25/39, 19, Death is said to have occurred on the date stated above, at 8, 55 a
The principal cause of death and related causes of importance were as follows:
General hemorrhage
intra-ventricular hemorrhage
pneumonia, bronchitis

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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 Edward J. Smith, M. D.
(Signed) Edward J. Smith
(Address) City Hospital No. 1

NOV 24 1948

NOV 17 1948

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.....

BERNARD H. U. STUART

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bernard H. U. Stuart

Licensed Embalmer No.....

3500

P. O. Address.....

1225 Quin, C

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 this body is not embalmed, above space should be left blank.