

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30289 1491
State File No. _____
Registrar's No. 7566

Registration District No. 791 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town ST. LOUIS
(c) Name of hospital or institution: Enroute to City Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Earl Boggess
3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Flora M. Boggess 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 21st 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 18 hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance business

11. Industry or business for self

12. Name Unknown Boggess
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Flora M. Boggess
(b) Address 3864a Connecticut Ave.

17. (a) Burial (b) Date thereof 9-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Bld.

19. (a) SEP 9 1940 (b) J. H. Prudick
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis 16
(If outside city or town limit write "RURAL")
(d) Street No. 3864 Connecticut Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
year 1940 hour 9 minute P.M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Occlusion
with Chronic Interstitial
Myocarditis
Chronic Pericarditis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Nephritis
Of operations _____
Autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Joseph M. Boggess (Specify type of place) _____
Address 3864a Connecticut Ave. (e) Means of Injury _____
(M. D. or other)

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Edwin J. Mc Dermott

Licensed Embalmer No. *3024*

P. O. Address

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.