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17-39  
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Registration District No. **791**

Primary Registration District No. **1003**

State File No. ....

Registrar's No. ....

FILED OCT 2 1940

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Edwards  
5559 St. Edwards  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community...  
years, months or days)

3. (a) PRINT FULL NAME ATTILIO BOGGIANO

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color Wh 6. (a) Single, widowed, married, divorced married  
7. Birth date of deceased June 13 1887  
(Month) (Day) (Year)

(b) Name of husband or wife Beatrice Boggiano 6. (c) Age of husband or wife if alive 52 years

8. AGE: Years 53 Months 3 Days 15 If less than one day hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Confectioneer

11. Industry or business

12. Name August Boggiano

13. Birthplace Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Marie

15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Beatrice Boggiano  
(b) Address 5559 St. Edwards

17. (a) Burial (b) Date thereof 9-30-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cem.

18. (a) Signature of funeral director Chas. T. Stuart  
(b) Address 1225 Union Blvd.

19. (a) SEP 27 1940 (b) J. J. [Signature]  
(Date received local registrar) (Signature of local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 6  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5559 St. Edwards  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27  
year 1940 hour 3:30 minute AM

21. I hereby certify that I attended the deceased from Sept 25  
1940, to Sept 27 1940  
that I last saw him alive on Sept 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (sudden)

Due to Myocarditis 1 year

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Joseph J. Cieri (M. D. or other) \_\_\_\_\_  
Address 1462 N. Taylor Date signed 9/27/40

**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 *Bernard G. Street*

Licensed Embalmer No. *3500*

P. O. Address *1225 Union, Bl*

**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, fact should be so stated above.**